

The Modern Hospital

DECEMBER 1957

HOW PEOPLE BEHAVE IN MEETINGS—AS IF WE DIDN'T KNOW!

For scientific observations of what is said and done, see *R Man's Meat*—page 49

MEMPHIS PLAN: INSURANCE FOR ALL WHO CAN PAY ANYTHING

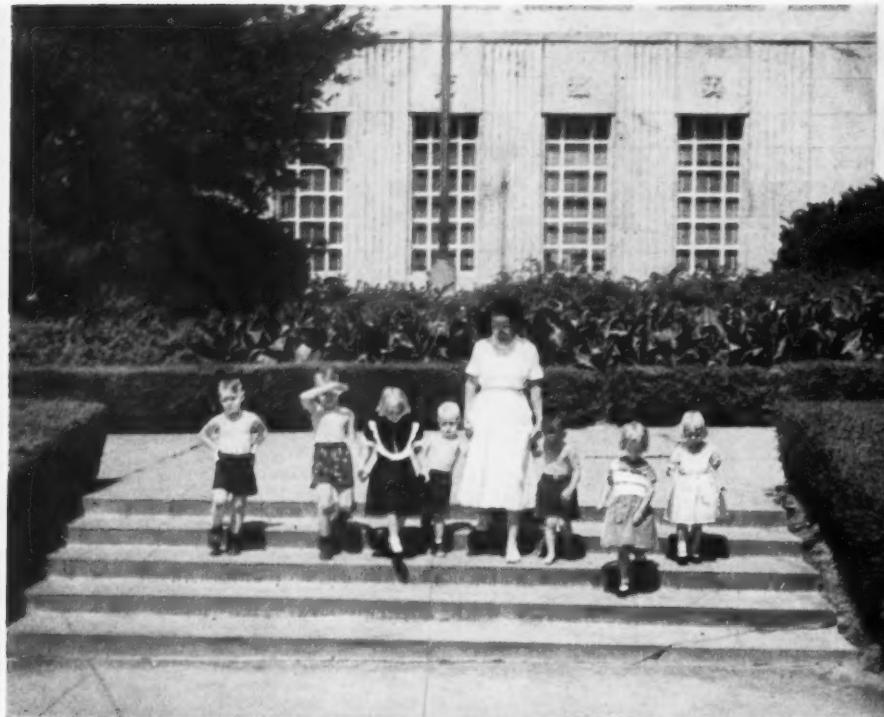
Report on new plan for eliminating "medical indigents" from the charity hospital—page 62

WHAT NURSES LIKE AND DISLIKE ABOUT THEIR JOBS

Report of job satisfaction studies of nurses at Hartford Hospital—page 53

SPECIAL CARE UNIT IS GOOD MEDICINE FOR EVERYBODY

What every administrator should know about special care units—page 83



NURSERY SCHOOL AT MEMORIAL HOSPITAL, HOUSTON, TEX. (Page 59)



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The Modern Hospital

VOLUME 89, NO. 6

DECEMBER

1957

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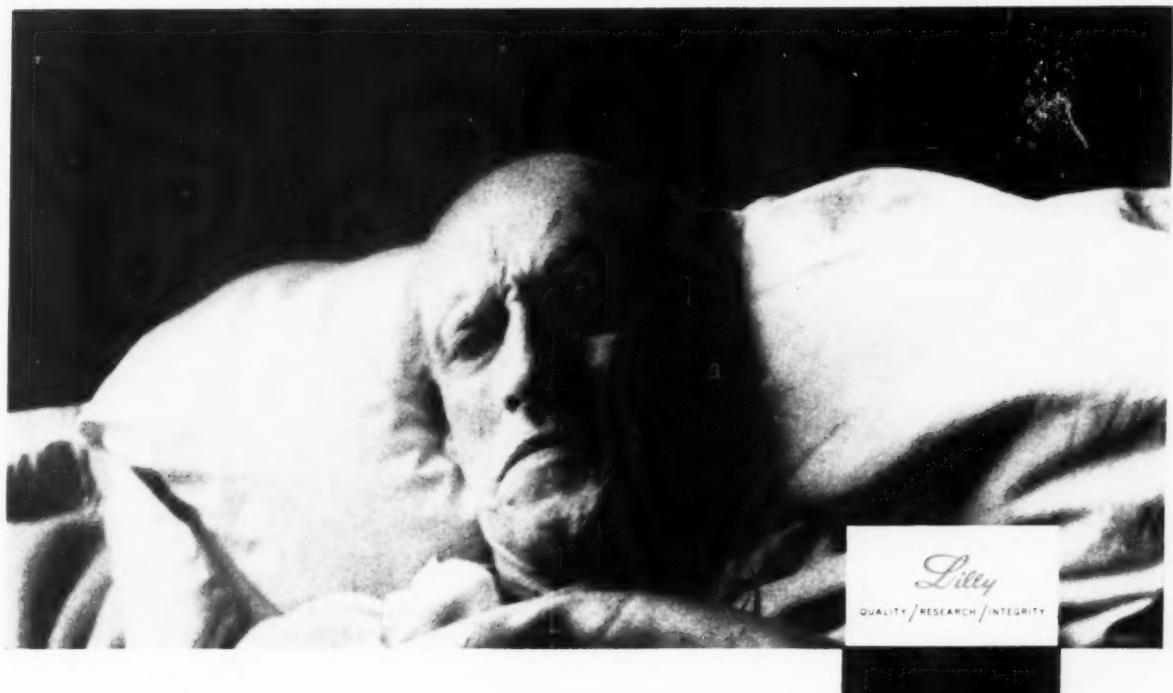
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AMONG THE AUTHORS

On page 83, Dr. William T. Mosenthal and David D. Boyd describe the special care unit that has been organized for acutely ill patients at Mary Hitchcock Memorial Hospital, Hanover, N.H. The formation of the unit, its arrangement, and the reactions of the various hospital groups to the special unit are explained. Dr. Mosenthal is chairman of the department of surgery at Mary Hitchcock Memorial and Hitchcock Clinic, and assistant professor of clinical surgery at Dartmouth Medical School. He is a diplomate of the American Board of Surgery and a fellow of the American College of Surgeons. Mr. Boyd is assistant administrator of Mary Hitchcock Memorial. A graduate of the University of Vermont, he holds a master's degree in hospital administration from Yale University. He served as administrative resident and administrative assistant at Mary Hitchcock Memorial before assuming his present position.



William T. Mosenthal, M.D. David D. Boyd

Low income patients at municipal hospitals in Memphis, Tenn., now are responsible for paying part of their hospital charges, under a system of hospitalization coverage described on page 62 by Robert C. Hardy and Richard L. Durbin. They tell why the system was developed, how charges were worked out equitably for various income groups, and how public support was gained for the program. Mr. Hardy is administrator of City of Memphis Hospitals, a position he has held for five years. Mr. Durbin is assistant administrator of City of Memphis Hospitals, in charge of E. H. Crump Memorial Hospital. A graduate of Ohio State University, Mr. Durbin received his master's degree in business administration from the University of Chicago. Previously he was administrative assistant at Lancaster Fairfield Hospital, Lancaster, Ohio.



Robert C. Hardy Richard L. Durbin

A preventive maintenance program results in a far greater saving than any expenditure required to put it into operation, says Daniel M. Roop, administrative engineer at Baptist Memorial Hospital, Memphis, Tenn. (p. 118). In addition to illustrating what can happen to machinery that is neglected until major repairs are necessary, Mr. Roop discusses a data card and work sheet for kitchen equipment that can be adapted to any size of hospital. Mr. Roop has been plant engineer at New England Medical Center, Boston, and chief engineer at George F. Geisinger Memorial Hospital and Foss Clinic, Danville, Pa., as well as holding other positions in business and university fields.



Daniel M. Roop

The series of articles by Barbara D. Mills on training executive housekeepers has been interrupted this month. It will be resumed with the January 1958 issue of *The MODERN HOSPITAL*. Mrs. Mills, formerly director of housekeeping services, St. Luke's Hospital, Chicago, is now serving in the same capacity at Allegheny General Hospital, Pittsburgh.

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ROVING REPORTER

Safety Program Brings Award

An outstanding 12 year safety record won a special safety award for Emerson A. North Hospital, Cincinnati, recently. The St. Paul-Mercury Accident Prevention Award was presented to Elliott E. Otte, business administrator of the hospital, by the St. Paul Fire and Marine Insurance Companies.

The hospital's safety program included bulletins, lectures, rules and regulations, and "just keeping one's eyes open," Mr. Otte commented.

Especially important, according to Mr. Otte, was the inspection service rendered to the hospital by various agencies. "We never question a recommendation; instead, we welcome any suggestions and . . . comply with any

recommendation to the letter, and as quickly as possible," the administrator explained.

He also praised the Ohio Hospital Association's semimonthly bulletin, which offers safety programs for all hospital departments, in addition to a monthly safety survey.



Elliott E. Otte (l.), the business administrator of Emerson A. North Hospital in Cincinnati, accepts the special safety award for accident prevention from Oris E. Hamilton (r.), safety director of Cincinnati, and D. A. Vogel, fire chief.

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Hospitals Put Lid on Noise

A campaign to reduce noise in Seattle hospital zones was launched recently in newspapers and on television and radio. The campaign did not originate with the hospitals. It was the idea of a woman minister, the Rev. Emma Van Dalen Jones. It grew out of an incident. A hospitalized friend of Mrs. Jones was disturbed by the early morning racket of garbage collectors.

Concerned with the welfare of her seriously ill friend, Mrs. Jones inquired into the matter. She learned that garbage and swill pickups at hospitals were made in predawn hours to get the trucks off city streets before heavy morning traffic.

One step led to another. She asked hospital administrators about noise problems and found they were concerned about them, but also resigned to getting nothing done about them.

But not the crusading Mrs. Jones. With the endorsement of individual hospitals, she developed an all-inclusive public education program preliminary to changes in and enforcement of city ordinances dealing with the noise problem.

Mayor Gordon S. Clinton of Seattle designated the week of August 18 to 25 as "Hospital Zone Noise Control Week." In his message he said: "Perhaps we have been complacent regarding noise. The sick and troubled who

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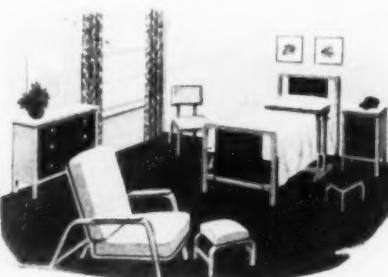
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go to our hospitals for care and attention certainly deserve the courtesies of all of us. With a little thoughtfulness we can provide them with the quiet environment they need."

The week's slogan was: "Make Seattle Hospital Zones the Quietest in the Nation."

The city's four television stations, 12 radio stations, and two daily newspapers subscribed wholeheartedly to the campaign. Hospital administrators, trustees and doctors were interviewed.

Radio stations used a saturation pat-

tern of brief announcements at least every half hour throughout the week. The spot messages asked oxygen delivery crews to be as quiet as possible, motorists to refrain from horn blowing and letting their engines idle in hospital zones, ambulance drivers, policemen and firemen to muffle their sirens, garbage and swill pickup crews to refrain from banging metal cans on metal (later pickup hours also were arranged), regular suppliers of food and material to remember the need for quiet at the hospital delivery docks, and the like.

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The campaign struck a responsive note. The majority of Seattle's major hospitals are clustered near the downtown business district where the noise pattern of sirens, horns, racing engines, squealing tires, garbage collectors, and delivery trucks is the same as it is in every other metropolitan city.

Although hospital corridors are comparatively quiet (some patients may dispute this) and the familiar picture of the nurse with finger across her lips saying "Sh-h-h" greets visitors, hospitals had not attempted to control external noises.

It remained for a public-spirited citizen, unmindful of the difficulties involved, to do something—JOHN BIGELOW, executive secretary, Washington State Hospital Association, Seattle.

No Arms Is No Handicap

July represented a double landmark in the life of Mrs. Grace H. Cleaves, armless telephone operator at the Mount Alto Veterans Administration Hospital, Washington, D.C.

It marked her 15th anniversary on the job at Mount Alto, where she has learned to operate the intricate hospital switchboard with her feet.

It also was a period of recognition, for she was cited by District Commissioner David Karrick for the inspiration she has provided for handicapped men and women of Washington.

The citation was from the commissioners' committee on employment of the physically handicapped of the district.

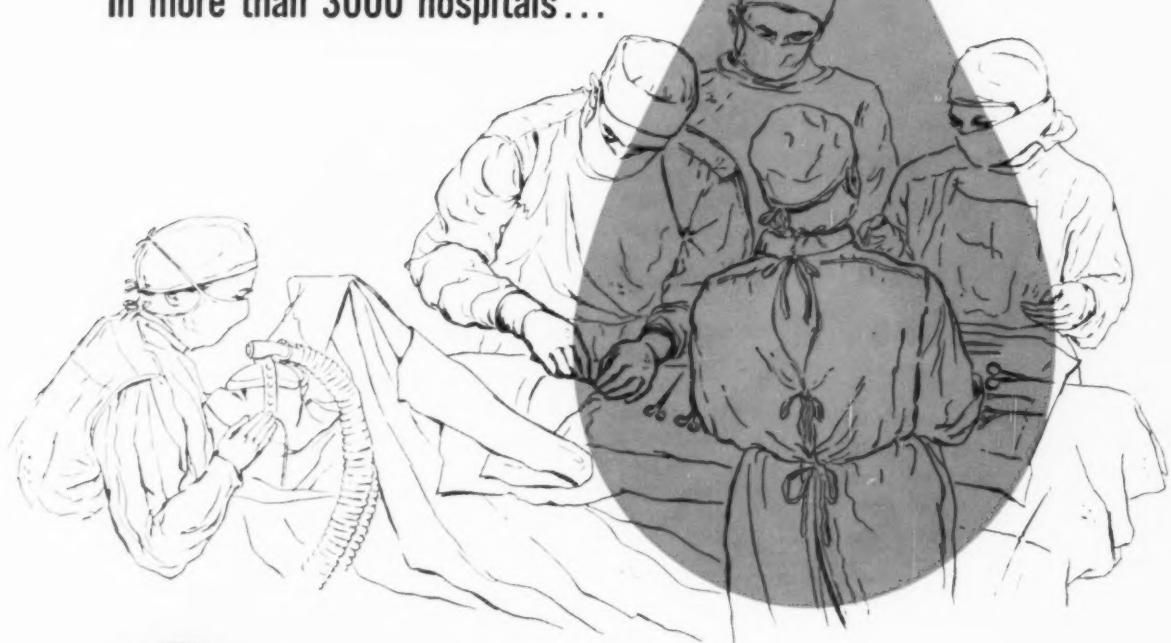
Mrs. Cleaves went to work at the Mount Alto V.A. Hospital on July 16, 1942—asking no favors, but merely a chance to prove she could fill the job as well as anyone else.

She has proved her point many times over, according to hospital officials. She puts in a full day's work, and she's fast and accurate—as any hospital switchboard operator must be, since calls sometimes mean life or death.

Off the job, she has given help and courage to countless handicapped persons, both children and adults. Recently she was called to a local hospital to counsel a teen-age girl who lost her arms. And when a young man lost both arms in an electrical accident last year, she spent many hours at his side.

Mrs. Cleaves was born without arms.
(Continued on Page 10)

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The Creative Mind at Work at Methodist Hospital



Above: Rubber gloves made fascinating balloons for an annual tenure party at Methodist Hospital, Indianapolis. Other common hospital items also were used as decorations. Right: Mrs. Don Perry, nurse at Methodist Hospital, displays two of the dolls sold at the nursing school's homecoming.

Imagination in Indianapolis

Creativeness was the keynote of two recent activities at Methodist Hospital in Indianapolis. Unique decorations were featured at an annual party, and dolls were used to bring in money for a scholarship fund, reports Elmer L. Harvey, administrative assistant at the hospital.

Without spending much money, but using lots of ingenuity, the decorations committee for the 11th annual tenure party created a most unusual effect.

The traditional balloons were replaced by blown-up rubber gloves (old discarded ones). Strung on wires across the ceiling, they looked extremely festive, and made most interesting "balloons" (see photograph).

Interspersed were old electrocardiograms, discarded ether cones, parts of plaster casts, and gauze tapes. The wall decorations included bedpans, catheters, surgical instruments, laundry carts, and other pieces of equipment used daily in the hospital.

The party is given annually to honor employees who have reached a new tenure status of 10, 20 or 30 years. Pins are presented to those eligible to join the 20 or 30 year clubs.

Six charming young ladies made their debut at the recent homecoming held by Methodist Hospital's school of nursing. The young ladies were character dolls, of the popular storybook size, dressed in the uniforms of past and present students.

A project of the Nurses Alumnae



Association, the dolls were created by Mildred Davis of Millie's Doll House, Greenfield, Ind., who has "brought to life" more than 300 characters from nursery rhymes and the poems of James Whitcomb Riley.

Some 200 of the nurse dolls were on sale at the homecoming, and were such a success that the alumnae association was able to add \$201 to the nursing scholarship fund. Because of this response, the association has decided to continue the project indefinitely, according to Mary W. Milburn, president. The dolls cost \$2 and are sold for \$3.

Auxiliary Profits From Sale

Courtesy sales days at a local department store help the Women's Auxiliary of Mountainside Hospital, Montclair, N.J., support a student nurses scholarship fund.

Ten per cent of sales made at the department store for two days are credited to the auxiliary, provided the buyer mentions the auxiliary when making a purchase. The customer may pay cash, charge her selection, or buy gift certificates in \$5 denominations. The auxiliary receives 10 per cent of the value of the certificates.

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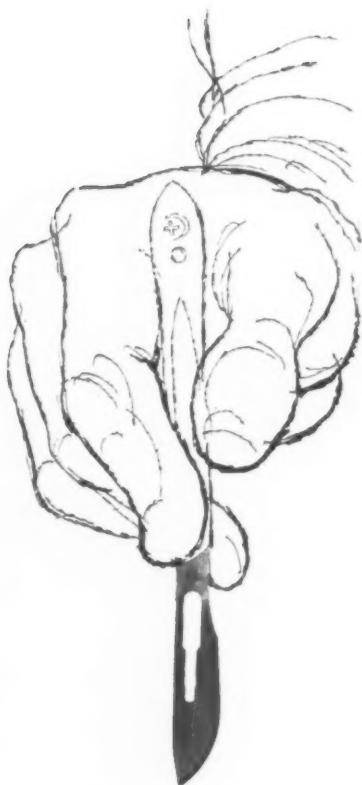
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Does Your Public Relations Carry an Adequate Payload?

By GORDON DAVIS

WE MAY as well face it: Much of what passes for public relations is as undisciplined as a bowl of jelly. The vibrations thereof are interesting and sometimes even commendable, but you can't be sure of their importance.

For public relations should not exist merely for its own sake. It neither creates messages nor receives them, but serves a middleman's function by passing information along. Unfortunately, there are too many occasions on which public relations, like an empty mail train, makes a lot of commotion but carries no payload.

Ask any newspaper editor how weary he becomes of news releases issued with no more specific purpose than an optimistic desire for "favorable publicity." Or check your own acquaintanceship with annual reports or employee publications obviously produced primarily because they are fashionable.

Interestingly enough, public relations efforts of this nature often yield beneficial results. They may have a warm-heartedness that is contagious, or they may be so manifestly sincere that they gain credit for purity if not for perspicacity.

But their appeal is emotional; they do not provide lasting sustenance. True public relations has a bread-and-butter job to do, and to do this job effectively it must be thoroughly blueprinted and organized. There are certain identifying characteristics by which the properly organized public relations activity can be distinguished from the unorganized.

First, an organized program can be recognized by specific identification of the audiences or groups it is designed to serve. It is natural to assume familiarity with your target audiences, but the good public relations program has put this list in writing and consults the list each time there is a message to communicate.

Second, good public relations systematically examines the attitudes and knowledge of its audiences. It does this by opinion surveys, by careful observation and reporting, by analysis and investigation of complaints, by the exercise of eternal curiosity.

Third, the objectives of the organized program are not nebulous but are detailed and specific, and these too are in writing so that they serve as constant guides.

Again, an organized program is distinguished by the definite assignment of responsibilities and authority. The job does not get done or done properly without accurate delineation of the roles of all active participants, including volunteers, nurses and others.

Organized public relations also works according to timetables. It is projected well into the future; its schedule of planned activities is plotted by clock and calendar to minimize overlapping and assure a constant outward flow of information.

Finally, the organized program submits itself to regular review or audit. In fact, some of this process of reevaluation is continuous.

Check your own public relations activity against these characteristics. There is opportunity for progress if it does not exhibit all of them.



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Ludington, Michigan

announcing

a new lifesaving antibiotic



discovered by Abbott Laboratories

SPONTIN®

(Ristocetin, Abbott)

A new, important antibiotic, SPONTIN, is now being made available—in limited supply—to the medical profession.

Discovered and developed by Abbott Laboratories, SPONTIN proved highly effective—even lifesaving—in clinical trials *with patients in whom other antibiotics had failed.*

Because of intricate and technical production problems, only a limited supply of SPONTIN is available currently. But, as soon as these problems are solved, SPONTIN will be offered to all hospitals.

For, essentially, SPONTIN is a drug for hospital use—for patients who are seriously ill, or even dying, from organisms that have become resistant to present-day therapy.

In its present form SPONTIN is administered intravenously, using the drip technique. The required dosage is dissolved in 5% Dextrose in water and administered in 35 to 40 minutes.

You'll find SPONTIN effective against a wide range of gram-positive coccal infections. And especially in those dangerous staphylococcal problems that resist other antibiotics. Some of the important therapeutic points include:

- 1) *successful short-term therapy for acute or subacute endocarditis*
- 2) *new antimicrobial activity—no natural resistance to SPONTIN was found in tests involving hundreds of coccal strains*
- 3) *antimicrobial action against which resistance is rare—and extremely difficult to induce*
- 4) *bactericidal action at effective therapeutic dosages.*

SPONTIN comes as a sterile, lyophilized powder in vials representing 500 mg. of ristocetin A activity. While distribution is limited, your emergency needs will be handled by your Abbott representative, or at the nearest Abbott branch. Literature is available on request.

Abbott

No wonder it's **standard equipment**

The CROUPETTE® is standard equipment in about 3,000 hospitals and 96 per cent of U. S. medical schools. First "cool vapor" croup tent, the CROUPETTE consistently excels all others in comfort, convenience and safety. The fresh, moisture-saturated air is effectively cooled and oxygenated by exclusive CROUPETTE forced circulation. Aerosol or oxygen therapy may be easily administered. With no moving parts, the CROUPETTE is as simple as it is safe and efficient.

Visibility and accessibility are CROUPETTE features. Cooled, supersaturated, aerated vapor provides immediate relief and comfort.



Light, compact, portable.
Includes spare atomizer.



The **Croupette®**

Cool-Vapor and Oxygen Tent By

AIR-SHIELDS, INC.

Hatboro, Pa. Osborne 5-5200

For information or orders, call us collect from any point in the U.S.A.

DIRECT FROM ITS PREMIERE
AT THE A.H.A. CONVENTION...



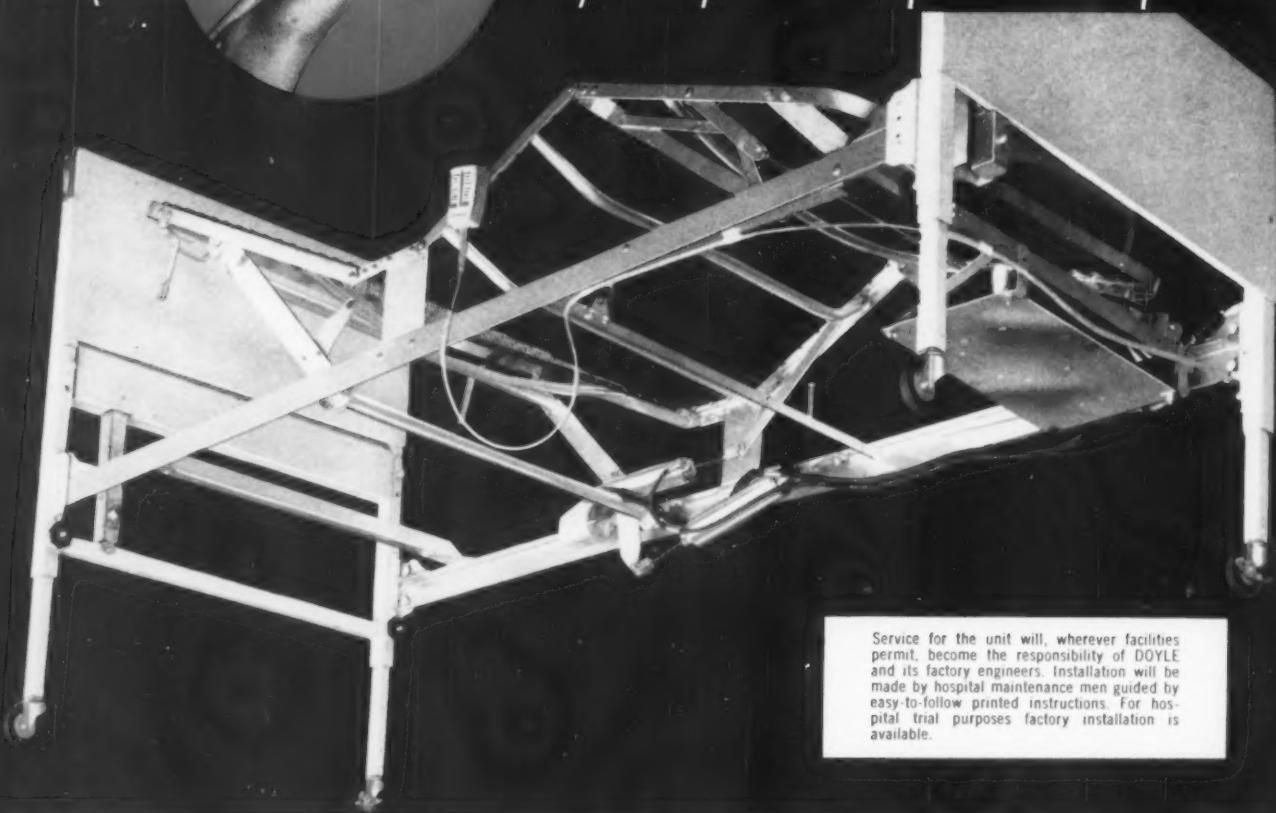
Photographed at William Beaumont Hospital, Royal Oak, Michigan

...the **First Real Step**
towards **AUTOMATION**
in **HOSPITAL BEDS**

the **DOYLE** *Power Unit*

At the recent American Hospital

In Atlantic City, many of the nation's leading hospital directors and medical men viewed a DRAMATIC NEW APPROACH to automation in hospital beds. At the DOYLE HOSPITAL PRODUCTS booth, the DOYLE



Service for the unit will, wherever facilities permit, become the responsibility of DOYLE and its factory engineers. Installation will be made by hospital maintenance men guided by easy-to-follow printed instructions. For hospital trial purposes factory installation is available.

WHAT IS IT?

The DOYLE POWER UNIT, a truly "patient-ready" product, makes possible for the first time HYDRAULICALLY-OPERATED automatic hospital beds. Electrically-operated and mechanically-perfected, this touch-controlled 'brain' can be adapted to fit any standard hospital spring.

WHAT DOES IT DO?

The DOYLE POWER UNIT enables patient or nurse to control and adjust the hospital bed automatically by merely pushing a button. This results in both head and

foot movement controlled separately, with positive movement up or down smoothly and safely. It eliminates the tiresome and time-consuming necessity of manually cranking the bed.

WHO MAKES IT?

The DOYLE POWER UNIT is distributed by DOYLE HOSPITAL PRODUCTS CO., only recently organized to help meet the need for automation in hospitals. The Detroit Harvester Co., maker of this unit, has been associated with the successful manufacturing and marketing of such allied power products as convertible top assemblies for automobiles.

Association Convention

POWER UNIT quietly hummed through its paces, proving what it could do in dollars saved and in garnering patient satisfaction.



WHAT WILL IT DO FOR YOUR HOSPITAL?

A recent American Hospital Association study reveals that 66c out of every dollar the average hospital spends goes to labor costs. To quote Mr. William Caple of Parkview Memorial Hospital, Ft. Wayne, Indiana: "Our time studies indicated that 10 full-time nurses would be required to give 200 patients all of the bed adjustments that they would desire in a 24 hour period." The Doyle Power Unit makes it possible to return the cost of your initial investment for its services within a very short time.

Because it is the first hydraulically-operated automatic bed, a mere touch of a button, and the patient can maneuver the bed into the desired position without having to

call a nurse. The DOYLE POWER UNIT is especially unique because it can be operated from any position by *left or right-handed patients*.

The need for automation in hospital services today is only too apparent. Over 60% of our hospitals are planning a refurbishing program within the next 3 years. In the beginning perhaps only the better rooms in your hospital will have this Doyle hydraulic bed unit. We urge you to introduce a limited number of DOYLE POWER UNITS in your hospital on a trial basis. In this manner such hospitals as Detroit's Henry Ford and Grace have proved to themselves the merit of the DOYLE POWER UNIT.



GRACE HOSPITAL, DETROIT



HENRY FORD HOSPITAL, DETROIT

These two Detroit hospitals have recently tested the Doyle Power Unit with great success.

continued ➤

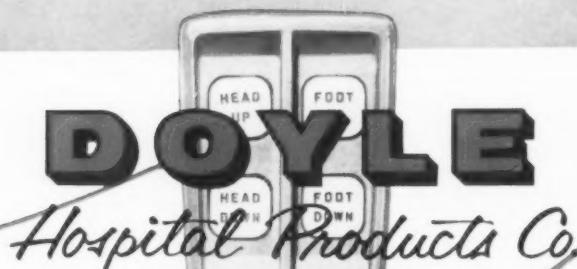
INSTALLATION and SERVICE

Service for the unit will become the responsibility of Doyle and its factory engineers*. You will receive a one-year written guarantee on the operation of the unit. Installation may be easily made by your maintenance men with Doyle's assembly instruction sheet. For trial purposes, factory installation is available.

Doyle offers you this unit mechanically perfected, sold through selected surgical supply houses. In addition to their Power Unit, Doyle offers you the Doyle Spring with Power Unit Attached and the Doyle Spring separately. For more information and your dealer's name, please write to:

MR. ROBERT H. LEE
GENERAL MANAGER
DOYLE HOSPITAL PRODUCTS
2760 W. WARREN
DETROIT 8, MICHIGAN

P. S. Manufacturers of hospital beds have responded enthusiastically to the introduction of the DOYLE POWER UNIT. However, the unit is available only on their *complete* new beds.



SOLD ONLY THROUGH SELECTED
SURGICAL SUPPLY HOUSE DEALERS

NOW...Vari-Hite beds with position comfort at your finger tips

It's here—a spring-motorized Simmons Vari-Hite bed for your patients and your staff to enjoy. This time-saving D-H Power Unit controls every position except bed height and incline. And it costs only a little more than manually operated beds... quickly pays for itself in nurses' time saved.

JUST A PUSH OF A BUTTON

A convenient, movable electric switch operates spring position—head-up, head-down, feet-up, feet-down. Slight finger-tip pressure does the trick.

For certain safety, the D-H Power Unit is completely sealed. All electrical connections and components are encased in a flame-resistant, self-extinguishing thermoplastic case, with fiber glass lining. For gentle movement, the unit operates on "fluid drive"—providing smooth starting and stopping in any position. Operation is on A.C. or D.C.

To complete the comfort picture, you have a Simmons Vari-Hite bed. Nothing finer available.



May we tell you—and show you—more soon?



SIMMONS COMPANY

DISPLAY ROOMS:

Chicago 54, Merchandise Mart • New York 16, One Park Avenue
Columbus 8, 1275 Kinnear Road • San Francisco 11, 295 Bay St.
Atlanta 1, 353 Jones Ave., N.W. • Dallas 9, 8600 Harry Hines Blvd.
Los Angeles 22, 3217 S. Garfield Ave.



NOW... STERILE WITHOUT GLASS

revolutionary

Saves 33½% nurse time¹

—no large, clumsy tubes to break, no reels to unwind... new nurses learn simple SURGILAR technic in minutes

Gets broken glass out of the O. R.¹

—no nicked sutures... no adhering glass slivers... no punctured gloves... no glass in laundry... nonirritating jar solution—all important contributions to better patient care

2,000
MORE THAN 1,500 HOSPITALS
HAVE ALREADY SWITCHED TO SURGILAR

Write for new product catalog

SURGICAL PRODUCTS DIVISION, AMERICAN CYANAMID COMPANY, DANBURY, CONNECTICUT



PRODUCERS OF DAVIS & GECK SUTURES





NEEDLE SUTURES HAZARDS!

D&G SURGILAR®

Sterile Pack
Standard Lengths

Surgical Gut
ATRAUMATIC® Needles

Delivers stronger, more flexible sterile sutures¹

— eliminates weak spots and kinks from tight reel winding...requires less handling...can be easily opened as needed so suture does not dry out...needle points and cutting edges are better protected

Cuts surgical costs¹

— fewer sutures damaged or opened unnecessarily...saves gloves and linens...stores in $\frac{1}{2}$ the space...now costs less than tubes!

1. Alexander, Edythe L.: Mod. Hosp., May, 1957.



***NEW! Spiral Wound Gut
now available in SURGILAR pack!***

Other outstanding hospital-tested suture packages

SURGILOPE®

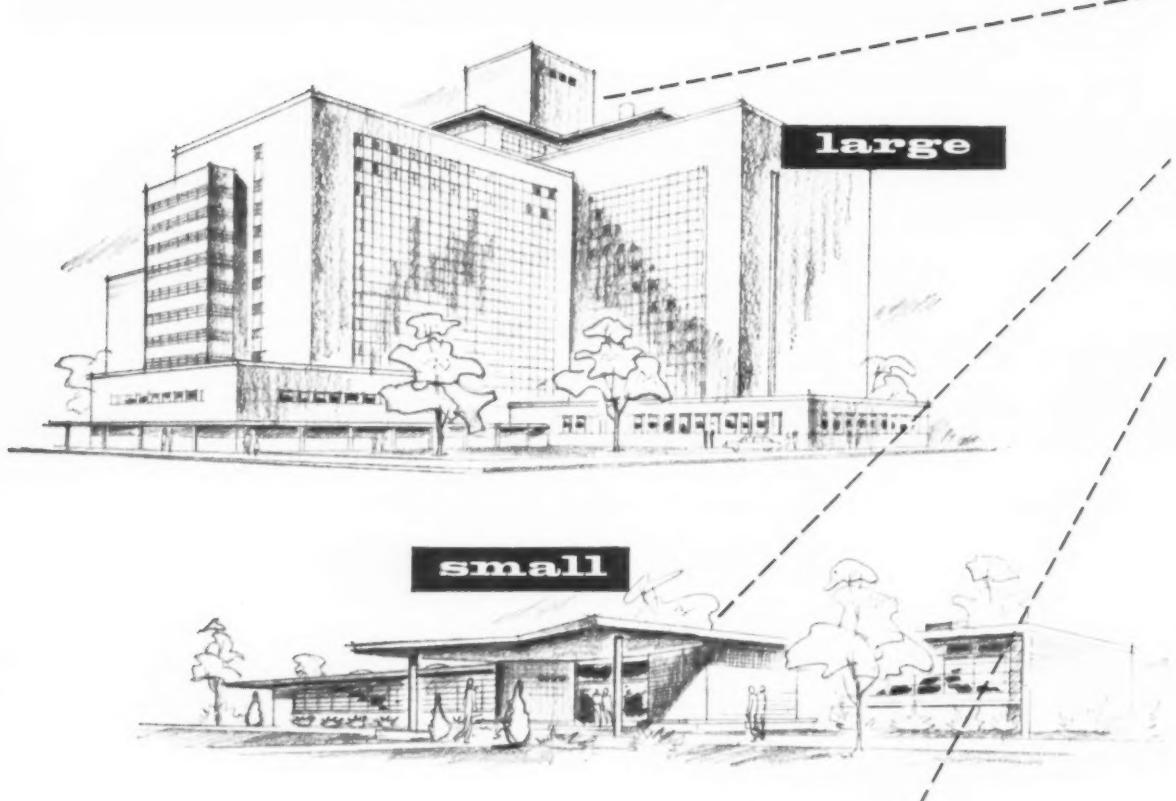
Sterile Pack Pre-Cut Silk and Cotton...aluminum foil envelopes...no glass to break... $\frac{1}{3}$ less storage space...costs less than tubes

MEASUROLL®

Silk, Cotton and Stainless Steel...tape-measure box...one snip cuts multiple strands to desired length...saves waste, saves time...economy size silk and cotton costs less than spools

new

Every hospital



NCG®

NATIONAL CYLINDER GAS COMPANY

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that uses oxygen — can afford piped oxygen

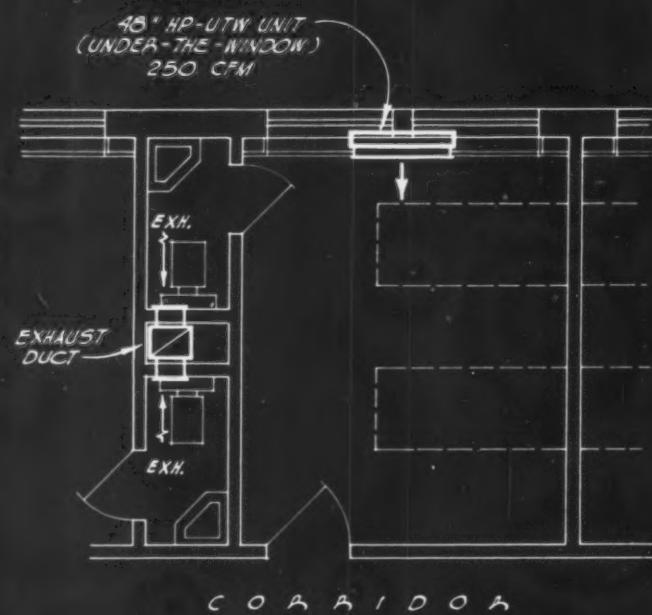
*A piped oxygen system soon pays for itself
because it eliminates:*

1. Man-hours spent handling cylinders.
2. Residual gas waste.
3. Cost of purchase and repair of regulating equipment and cylinder trucks.

A piped oxygen system gives you:

1. 24-hour oxygen on tap.
2. Better, safer patient care.
3. Less noise and confusion in corridors, less clogging of elevators, by eliminating cylinder traffic.

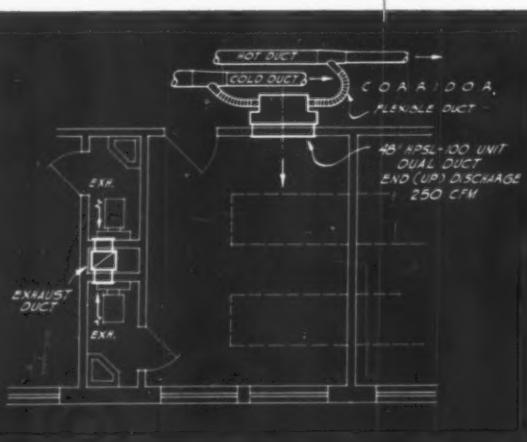
If your hospital does not yet have piped oxygen, we will gladly submit recommendations without cost or obligation to you. You can pipe an area as small as a nursery, or a single wing. Or you can install the complete system that allows you to administer inhalation therapy throughout your hospital with the greatest security, efficiency, and economy. To find out how easily it can be done, phone or write your nearest NCG office.



All-air high velocity units for hospital air conditioning

In successful use in many hospitals throughout the country, Anemostat HV round, square and straight line units are adaptable to a wide variety of architectural designs. Diagrams and photographs show typical applications of straight line units.

The All-Air High Velocity system of draftless air distribution offers many important advantages for hospital air conditioning. High velocity units, used with smaller than conventional ducts, save space and money. They substantially reduce sheet metal required, can be installed faster, with less labor. Since there are no coils in All-Air HV units, clogging and odors are eliminated. They operate entirely with air processed in the main equipment room; no fans, filters or electric motors are needed with All-Air HV units.



• For latest data on All-Air High Velocity units, write on your business letterhead for new Selection Manual 50 to Anemostat Corporation of America, 10 E. 39 Street, New York 16, N. Y.

A Stat. Medication

FOR THE PATIENT WITH G.I. DYSFUNCTION
ACCOMPANIED BY LATENT ANXIETY

"Milpath"

Miltown®  anticholinergic

provides "care of the man rather than merely his stomach"

**TWO-LEVEL CONTROL OF
GASTROINTESTINAL DYSFUNCTION**

at the Peripheral Level...

The tranquilizer Miltown reduces anxiety and tension.^{1, 3, 6, 7} Unlike barbiturates, mental and physical efficiency are not impaired.

at the Central Level...

The anticholinergic tridihexethyl iodide reduces hypermotility and hypersecretion. Unlike belladonna alkaloids, dry mouth or blurred vision are rarely produced.^{2, 4}

INDICATIONS:

Peptic ulcer, spastic and irritable colon, esophageal spasm, G. I. symptoms of anxiety states.

Each "Milpath" tablet contains:

Miltown® (meprobamate Wallace)	400 mg.
(2-methyl-2-n-propyl-1,3-propanediol dicarbamate)	
Tridihexethyl iodide	25 mg.
(3-diethylamino-1-cyclohexyl-1-phenyl-1-propanol-ethiodide)	

Dosage: 1 tablet t.i.d. at mealtime and 2 tablets at bedtime.

Available: Bottles of 50 scored tablets.

References: 1. Altschul, A. and Billow, B.: The clinical use of meprobamate (Miltown®). New York J. Med. 57:2361, July 15, 1957. 2. Atwater, J. S.: The use of anticholinergic agents in peptic ulcer therapy. J. M. A. Georgia 45:421, Oct. 1956. 3. Borrus, J. C.: Study of effect of Miltown (2-methyl-2-n-propyl-1,3-propanediol dicarbamate) on psychiatric states. J. A. M. A. 157:1596, April 30, 1955. 4. Cayer, D.: Prolonged anticholinergic therapy of duodenal ulcer. Am. J. Digest. Dis. 1:301, July 1956. 5. Marquis, D. G. Kelly, E. L., Miller, J. G., Gerard, R. W., and Rapoport, A.: Experimental studies of behavioral effects of meprobamate on normal subjects. Ann. New York Acad. Sc. 67:701, May 9, 1957. 6. Phillips, R. E.: Use of meprobamate (Miltown®) for the treatment of emotional disorders. Am. Pract. & Digest Treat. 7:1573, Oct. 1956. 7. Selling, L. S.: A clinical study of Miltown®, a new tranquilizing agent. J. Clin. & Exper. Psychopath. 17:7, March 1956. 8. Wolf, S. and Wolff, H. G.: Human Gastric Function, Oxford University Press, New York, 1947.



WALLACE LABORATORIES New Brunswick, N. J.

ST. JOHN'S HOSPITAL, SPRINGFIELD, MISSOURI

A hospital with suddenly
would certainly have to

"Hospitals are, in themselves, models of technical excellence and operating efficiency. So you can easily imagine the chaos that suddenly interrupted elevator service would create.

"ST. JOHN'S HOSPITAL has eight floors: basement, ground, 1, 2, 3, 4, 5 and 6, with six operating rooms on the second floor. Our staff numbers 130 doctors, 400 workers, 100 student nurses and 23 nuns. You can see that it is not possible to overemphasize the importance of elevators in an institution of our size.

"That's why we have depended entirely and confidently upon complete OTIS Maintenance for our 4 passenger, 3 service and freight elevators, as well as our 6 dumbwaiters, since 1952. In old ST. JOHN'S HOSPITAL, here in Springfield, we've had OTIS Maintenance on 2 Elevators since 1937.

"Our OTIS contract provides for systematic examinations at regular intervals including lubrication, necessary adjustments and cleaning of the equipment and the repair and replacement of any part large or small made necessary by the wear of normal operation. Only genuine OTIS parts are used for replacements. For this service we pay a flat monthly charge which we can easily budget. There are no 'extras' for repairs or emergency service.

"We're actually assured of peak performance elevator service at all times."



**"ENGINEERED
SERVICE BY
THE MAKER"**

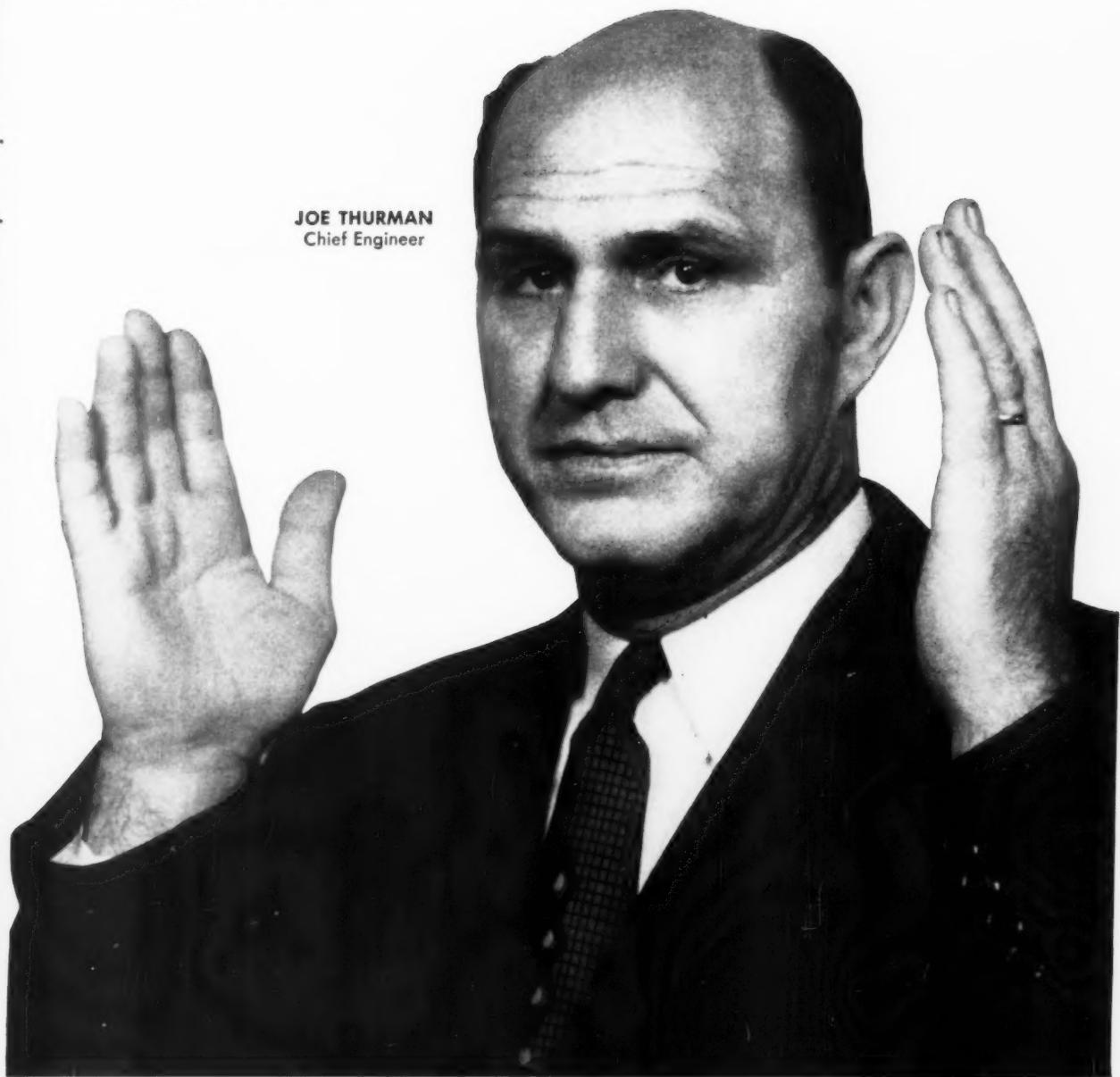
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elevator
THAT KEEPS ELEVATORS

OTIS ELEVATOR COMPANY • 260 ELEVENTH AVENUE • NEW YORK 1, N. Y.

interrupted elevator service
be placed on the "critical list"

JOE THURMAN
Chief Engineer



maintenance

RUNNING LIKE NEW

OFFICES IN 297 CITIES ACROSS THE UNITED STATES AND CANADA

Vol. 89, No. 6, December 1957

BETTER OXYGEN THERAPY AT LOWER COST



...with LINDE'S help

Here are some of the benefits realized by one hospital in just a few months:—

- Oxygen consumption reduced 5% though number of patients treated increased 25%
- Quality of oxygen therapy improved
- Safety hazards eliminated
- Oxygen waste greatly reduced
- Over-all costs reduced
- Oxygen therapy department's income increased 31% during first 3 months

HOW WAS THIS BROUGHT ABOUT?

When the administrator of the Latter Day Saints Hospital, Salt Lake City, Utah, noticed his cost of administering oxygen rising, he decided to investigate the cause for the increase. A local LINDE representative was called in to discuss the hospital's oxygen problem. He arranged for an expert LINDE consultant to make a complete study of the conditions under which oxygen was being administered.

After observing current practices in the hospital and

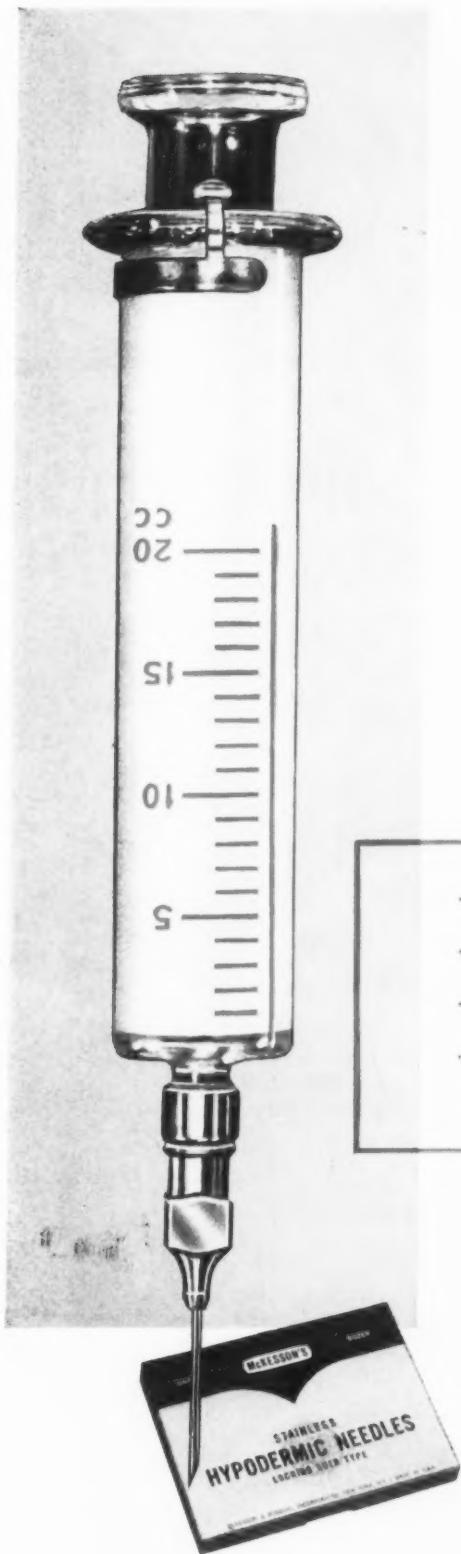
talking to all those concerned with oxygen therapy, the consultant submitted a comprehensive report, with recommendations for improving the effectiveness and efficiency of the treatments. In this instance the consultant advised the establishment of an oxygen therapy department manned by full-time personnel. As the hospital put these recommendations into effect, the local LINDE representative helped with each step of the program.

Perhaps LINDE can help you reduce your oxygen administering costs. Just write or call the LINDE office nearest you. LINDE COMPANY, Division of Union Carbide Corporation, 30 East 42nd Street, New York 17, N. Y. Offices in other principal cities. *In Canada:* Linde Company, Division of Union Carbide Canada Limited.

Linde
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AN INVITATION
TO COMPARE McKESSON'S
NEW, COMPLETE LINE OF
**HYPODERMIC
SYRINGES AND
NEEDLES**

**Compare them, price for price, quality for quality,
with any other premium syringes**

No matter what hypodermic syringes and needles you are now using, we invite you to compare. Quality for quality—price for price.

Consistent Superior Quality . . . Exacting high inspection standards of raw materials and during production insures surpassing of government specifications at all times.

Special Service! Available locally through 78 McKesson warehouses completely stocked from coast to coast, you have almost instantaneous service in emergencies.

New Savings! . . . On your bookkeeping and delivery costs when you order from one source, with one set of bills, from the nearby local McKesson house now serving you in many other ways.

EXAMINE THESE ADVANCED FEATURES

- Barrel markings and dosage line on plunger are indelibly embedded into the glass. Syringes can be autoclaved indefinitely.
- McKesson's hypodermic syringes have all graduations in red for highest visibility.
- Interchangeable plungers fit perfectly into any McKesson syringe of the same size. Replacements may be ordered separately.
- Stainless steel needles: tough, strong and highly corrosion-resistant. Each point is carefully hand-finished and honed. The McKesson needle, which comes with long or short bevel, fits all Luer-tapered syringe tips.

COMPARE! Now that you have the facts, see for yourself! Arrange today for a trial supply with your local McKesson representative. Or write!

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Serving America's Hospitals

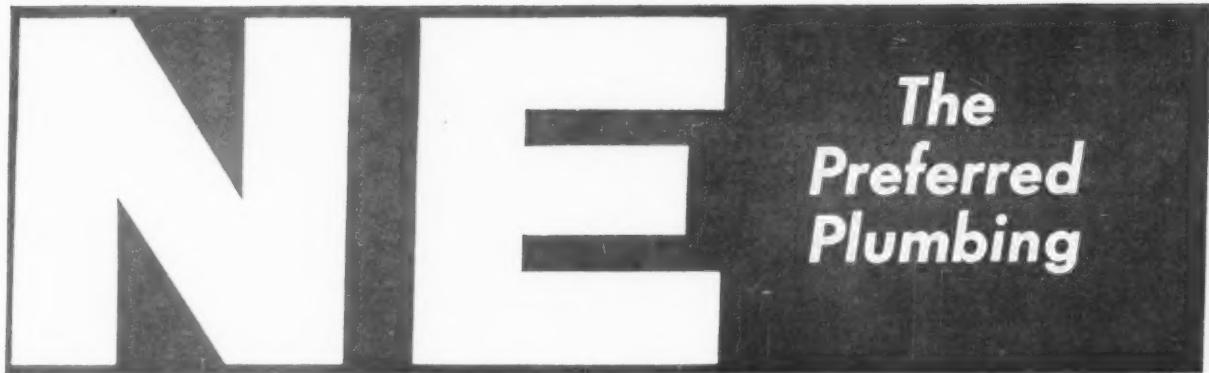
BETTER . . . by MCKESSON

CRA

FOUR important questions to ask



Crane "Mayo" Scrub-up Sink of Duraclay was designed in collaboration with doctors and hospital authorities at Mayo Clinic. Permits scrubbing up to the shoulder without touching unsterile parts of fixtures. Sink shown is installed in latest St. Mary's Hospital addition.



before buying large hospital fixtures

1. Do they resist thermal shock? In 1939, Crane developed Duraclay—an all-ceramic material—for use in large fixtures subjected to sudden, extreme temperature changes (thermal shock). Duraclay easily withstands scalding heat one minute and icy cold the next—with-out cracking or crazing.

2. Are they specially made for hospital use? Duraclay fixtures have been specially designed for hospital use with the aid of doctors and hospital experts.

3. Are they easy to clean? Duraclay has a heavy vitreous glazed surface with all the easy-to-clean characteristics of the finest china dinnerware.

4. Do they resist staining and marking? Duraclay's hard glazed surface resists staining, pitting, or corroding from medicines and

acids. Foreign deposits left on the surface of Duraclay can readily be cleaned, hours later, without any impairment to its gleaming white surface.

Why not test Duraclay's ability to take hard knocks right in your own hospital? Just ask your architect to include Crane Duraclay in your new or modernization plans. It's the surest way to get the most for your money in large hospital fixtures.

CRANE CO. 836 S. Michigan Avenue, Chicago 5
VALVES • FITTINGS • PIPE • PLUMBING • KITCHENS • HEATING • AIR CONDITIONING

St. Mary's Hospital, serving the Mayo Clinic, Rochester, Minnesota. Crane Duraclay fixtures were selected for the two additions to original building (center). First Duraclay installation was in 1939 addition (at right). New Duraclay installation went in addition just completed (at left). Contractors and Architects for the new addition were—General Contractor: McCarthy Bros., St. Louis, Mo.; Plumbing and Heating Contractor: W. J. Hanke Co., St. Paul, Minn.; Architects: Maguolo & Quick, St. Louis, Mo., and R. V. McCann, Minneapolis, Minn.



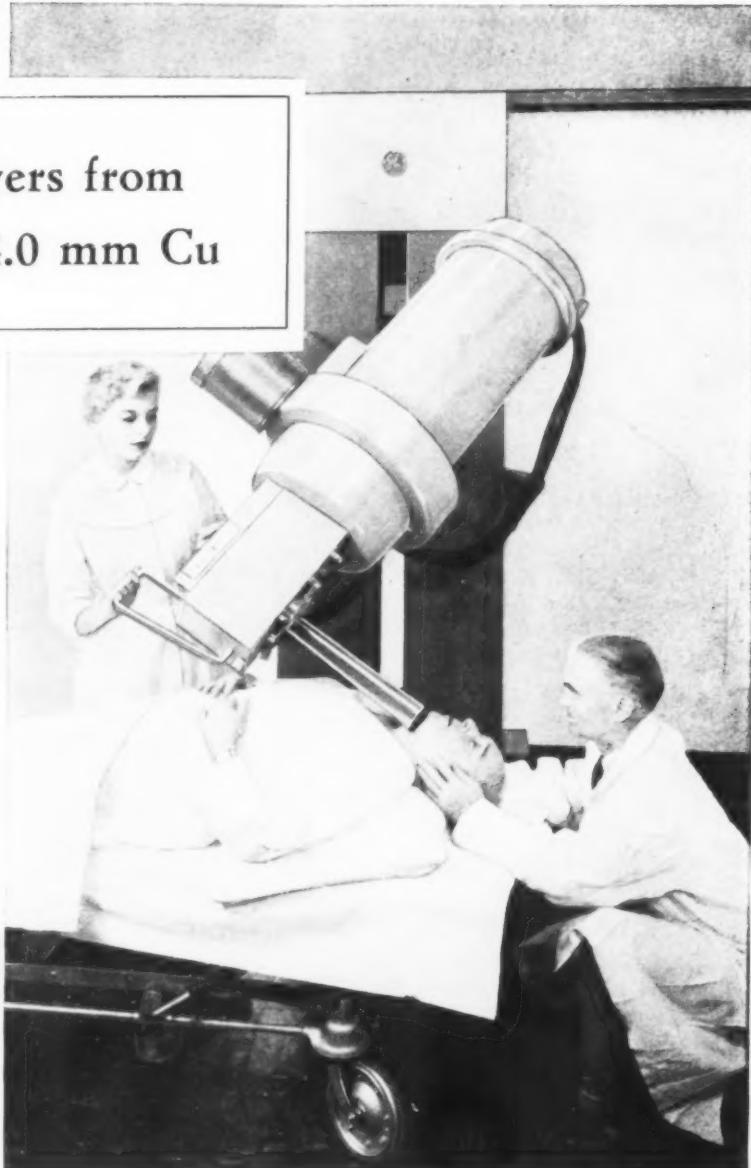
NEW MAXITRON® 300

*a General Electric therapy unit
in step with your progress*

Half-value layers from .25 mm Al to 4.0 mm Cu

From General Electric comes a new x-ray unit that offers unapproached flexibility for superficial, intermediate and deep therapy. Thanks to its beryllium window and electronic power supply, the Maxitron 300 produces a high dose rate over an extremely wide range of half-value layers. Here are just a few of its many new features:

- **NEW HIGH RATING** — 300 kvp, 20 ma — for shorter treatment schedules . . . with higher-quality radiation.
- **NEW DIAL-THE-TECHNIC CONTROL** — Set a dial on the control console for any of 10 half-value layers. The proper filter shifts into place, and matching kvp and ma settings are established — *all automatically*.
- **NEW UNIVERSAL TUBE-HEAD MOVEMENT** — anywhere within a 72-in. length, 38-in. width, 54-in. height *without disturbing the patient*.
- **NEW POSITIONING ACCURACY** — Electrical locks with fingertip controls independently lock and unlock each of the six tube-head and tube-stand motions.
- **NEW VISUAL LOCALIZER** with an accurate, easily seen, adjustable beam — from complete closure to a 20 x 20 cm field at a focal-skin distance of 50 cm — adds *no filtration*.
- **NEW PROVISION FOR ROTATIONAL THERAPY** offers a continuously alternating rotational motion of focal spot up to 360°. Two on-off radiation arcs without tube build-up.



Your General Electric x-ray representative can tell you about the many other new, improved features of the Maxitron 300. Call him, or write X-Ray Department, General Electric Company, Milwaukee 1, Wisconsin, Room H-122.

Progress Is Our Most Important Product

GENERAL  **ELECTRIC**

CLINICAL experience in the treatment of respiratory tract infections with **SIGNEMYCIN^{*} V**

OLEANDOMYCIN TETRACYCLINE-PHOSPHATE BUFFERED

acute pharyngitis
pneumonia
pleurisy
otitis media
bronchitis
sinusitis
bronchiectasis
tonsillitis
influenza
bronchopneumonia
pansinusitis
laryngitis
tracheitis
ethmoiditis
streptococcal pharyngitis
nasopharyngitis
tracheobronchitis
*bacterial pneumonia due to
resistant pneumococci,
staphylococci, or mixed flora*
*viral or nonspecific
pneumonia not responsive
to other therapy*
lung abscess
follicular tonsillitis
*pharyngitis caused by
resistant staphylococci,
Streptococcus viridans,
or hemolytic *Streptococcus**
lobar pneumonia
viral URI

of **934** patients with respiratory infections treated with Signemycin[†]

875 patients showed an excellent or good response

38 patients had fair response

21 patients had a poor response

and with outstanding safety and toleration

914 patients had no side effects

References: 1. Case reports in the Pfizer Medical Department Files from fifty-three clinicians, and the following published reports: Shubin, H.: Antibiotic Med. & Clin. Therapy 4:174 (March) 1957. Carter, C. H., and Maley, M. C.: Antibiotics Annual 1956-1957, New York, Medical Encyclopedia, Inc., 1957, p. 51. Winton, S. S., and Chesrow, E.: *Ibid.*, p. 55. LaCaille, R. A., and Prigot, A.: *Ibid.*, p. 19.

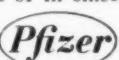
^{*}Trademark

[†]Trademark, oleandomycin tetracycline

Increasing use of Signemycin V and other Signemycin formulations has confirmed the value of this agent in the armamentarium of the physician treating antibiotic-susceptible infections, particularly those seen at home or in office where susceptibility testing may not be practicable and where immediate institution of the most broadly effective therapy is necessary.

World leader in antibiotic development and production

PFIZER LABORATORIES, Division, Chas. Pfizer & Co., Inc., Brooklyn 6, N. Y.





**Patient care...
or paperwork...**

how does your dollar divide?

Often the promise of more and better *patient care* lies in the savings to be made on non-patient services.

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Learn how a basic IBM installation

can help you apply more of your budget dollar to vital patient services. Just call your local IBM representative or write to: HOSPITAL DEPARTMENT A57, International Business Machines Corporation, 590 Madison Avenue, New York 22, N. Y.



The MODERN HOSPITAL



Another New Private Room Grouping in Teakwood Grain Farlite
(designed by Raymond Loewy)

• Here is another beautiful private room featuring the new Hill-Rom No. 8500 Grouping designed by Raymond Loewy and finished in No. 85 Teakwood Grain Farlite. The bed, beside cabinet and straight chair all share in the beauty and utility of this high pressure laminated plastic, combined with Satin Stainless and Loewy Charcoal.

As in all Hill-Rom designs, every item in this grouping has been scaled down to appropriate size for today's small hospital rooms. No longer is it necessary to crowd these small rooms with furniture designed for the larger rooms of several years ago—another "Hill-Rom First."

Included in the above room scene are: No. 85-65 All-Electric (Push-Button control) Hi-low Bed; No. 8503 Bedside Cabinet; No. 85-614 Overbed Table; No. 8507 Straight Chair; No. 8508 Arm Chair, and No. 306

Lamp. This furniture is ample for a room with a built-in wardrobe dresser. If drawer space is required, we offer No. 8526 Chest Desk. Catalog picturing and describing all of these items will be sent on request.



HILL-ROM COMPANY, INC. • BATESVILLE, INDIANA



Hill-Rom Perfected Screening

for

- Ease of Installation
- Smooth, Quiet Operation
- Minimum Maintenance Worries

The machined nylon rollers used in Hill-Rom Perfected Screening glide easily and noiselessly on the I-beam track. The exclusive Hill-Rom two-stage corner doubles the effective radius and minimizes binding action around corner bends.

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Close-up of the exclusive
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Write for illustrated literature
on Hill-Rom Perfected Screening

**any height... any spring position
at the touch of a button...
by either patient or nurse**



with the all-electric "PUSH-BUTTON" Hilow Bed

by *Hill-Rom*

• This new Hill-Rom Hilow Bed is designed so that operation of the hilow feature and adjustment of the backrest and knee rest may be handled by either patient or nurse. Push button controls for patient use are located on the patient's right—in the seat section of the spring. For the patient who must remain in a certain prescribed position, the bed may be placed in that position and the patient control switches then rendered inoperative. All switches are mechanically interlocked—no two push buttons can be operated at the same time.

Maximum convenience for the nurse, maximum comfort and safety for the patient

This modern, safe and efficient hilow bed can be maintained at the "low" position at all times to insure maximum safety. Much time will be saved the nurse by elimination of unnecessary trips to the patient room or unit. The patient has access to head and knee rest and does not need the nurse for routine adjustment of the spring.

Head end and foot end panels, designed by Raymond Loewy, add to the appearance and function of the bed. For complete information on this or any of the three other Hill-Rom Hilow Beds, write for Procedure Manual No. 3.



HILL-ROM COMPANY, INC. • Batesville, Indiana



Now ready... Procedure Manual No. 3—"Hilow Beds"
by Alice L. Price, R.N., M.A., Nurse Consultant for Hill-Rom, and author of
three leading textbooks on nursing, also P.M. No. 1, "Safety Sides—A New
Safety Measure" and P.M. No. 2, "The Recovery Bed, Labor Bed, Special
Therapy Bed." Copies of any of these manuals for student nurses and
graduate nurse staff will be sent on request. Address: Miss Alice L. Price,
Hill-Rom Co., Inc., Batesville, Indiana.

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**Every clinical consideration
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NOW...for the first time in tetracycline history!

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TETRACYCLINE PHOSPHATE COMPLEX

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24-hour blood levels

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in minimal injection volume

This achievement is made possible by the unique solubility of TETREX (tetracycline phosphate complex), which permits *more* antibiotic to be incorporated in *less* volume of diluent. Clinical studies have shown that injections are well tolerated, with no more pain on injection than with previous, less concentrated formulations.

TETREX Intramuscular '250' can be reconstituted for injection by adding 1.6 cc. of sterile distilled water or normal saline, to make a total injection volume of 2.0 cc. When the entire 250 mg. are to be injected, and minimal volume is desired, as little as 1.0 cc. of diluent need be used. (Full instructions for administration and dosage for adults and children, accompany packaged vial.)

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TETREX (tetracycline phosphate complex) (tetracycline HCl activity)..... 250 mg.

Xylocaine* hydrochloride 40 mg.

plus ascorbic acid 300 mg. and magnesium chloride 46 mg. as buffering agents.

*® of Astra Pharm. Prod. Inc. for lidocaine

SUPPLY: Single-dose vials containing TETREX — tetracycline phosphate complex — each equivalent to 250 mg. tetracycline HCl activity. Also available in 100-mg. single-dose vials.

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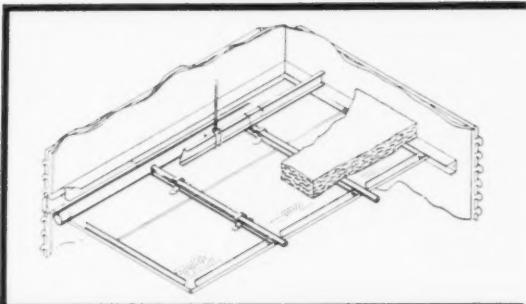
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The Burgess-Manning Radiant Acoustical Ceiling provides not only highly efficient and healthful radiant heating, but, where desired, Radiant Cooling as well, plus a most efficient acoustical control.

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**"I guarantee Thurmaduke Waterless Food Warmers
require less time and work to operate and to clean"**

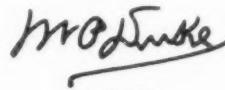
says M. P. Duke, President, Duke Manufacturing Co.

If you're using any water-type food warmer, it's costing you extra money to operate and extra time to clean a messy water pan. It's unsanitary, too. The water pan frequently breeds dangerous bacteria. You can cut your labor costs and speed up service with a beautiful, modern Thurmaduke Waterless Food Warmer.

Thurmaduke uses no water and is completely sanitary. Special die-formed metal construction makes Thurmaduke easy to clean. Time trials prove that it takes just a few minutes to wipe Thurmaduke completely clean. Thurmaduke makes it easy to comply with any local sanitation ordinances. Less pre-heat time, too, eliminates delay and saves time.

Don't buy any food warming equipment until you have made a feature comparison with Thurmaduke. I personally guarantee the complete line of Thurmaduke Food Warmers to have more quality features than any other made. Write me for complete information on

Thurmaduke Food Warmers, Standard Sectional Cafeteria Counters, and a free Feature Comparison Chart. Meanwhile, your nearby Thurmaduke dealer will be happy to show you how Thurmaduke Waterless Food Warmers save time and work.


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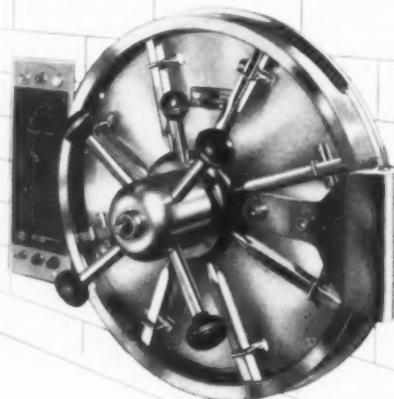


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This unique formulation assures faster and more certain control of urinary tract infections, by providing comprehensive effectiveness against whatever sensitive organisms may be involved. Indicated in the treatment of cystitis, urethritis, pyelitis, pyelonephritis, ureteritis and prostatitis due to bacterial infection. Also before and after genitourinary surgery and instrumentation, and for prophylaxis.

In each AZOTREX Capsule:

TETREX (tetracycline phosphate complex) 125 mg.
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Min. adult dose: 1 cap. q.i.d.

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Comfortable to wear even during the most intricate surgery. Longlasting, Faultless surgeon's gloves are made of the finest latex known to the rubber industry. They endure repeated sterilization without loss of tensile strength.

Constant laboratory testing indicates they actually exceed U. S. Government specifications (ZZ-6-421a). Color banded or color stamped for easy sorting by size. Sizes 6½ to 10 in white or brown at your surgical dealer or write . . .

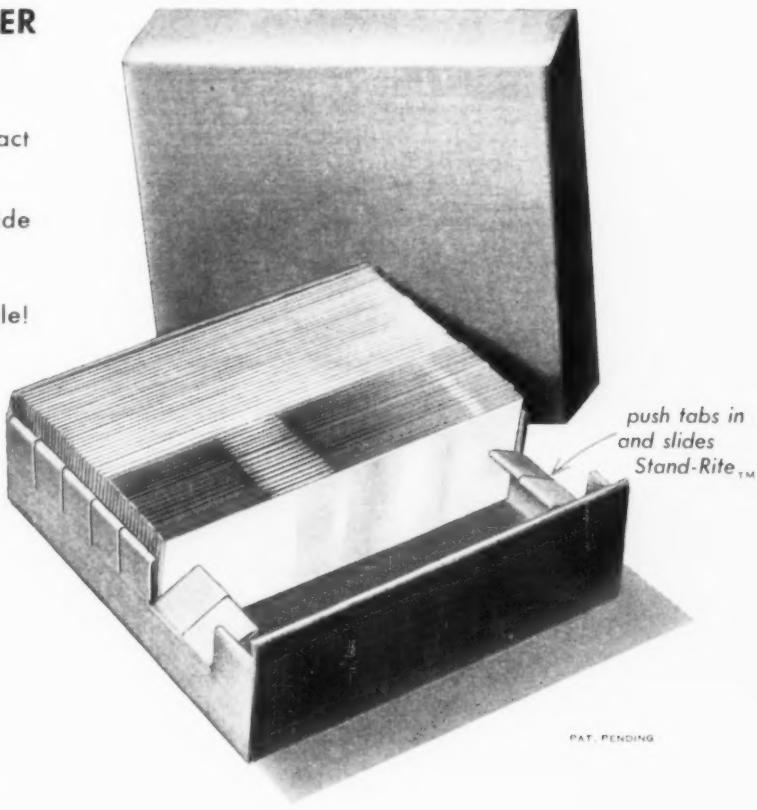
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THIS HANDY DISPENSER
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- Keeps micro-slides in compact vertical position always!
- Avoids fingermarks on slide surfaces!
- Makes them easier to handle!



The Freed Company follows up its development and full scale production of pre-cleaned micro-slides of May 1955, with the creation of a proper dispenser type container — the Stand-Rite Box — to insure maximum cleanliness and ease of handling of these slides.

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Quiet noise...

increase office efficiency—with a
JOHNS-MANVILLE ACOUSTICAL CEILING

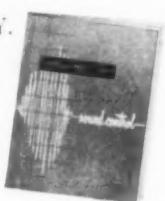
Uncontrolled noise is recognized today as a serious handicap to productive efficiency.

Johns-Manville acoustical units absorb up to 85 per cent of the room noise that strikes them. The result is comfortable, pleasant and quiet surroundings. Efficiency increases and there is a general reduction in errors, less tension, less fatigue—even where

employees work in relatively small areas.

Ceilings of J-M acoustical units are attractive as well as decorative. Their smooth, white surface provides a high degree of light reflection. J-M acoustical ceiling units are easily incorporated with both modern and conventional techniques in ceiling lighting.

For further information call your nearest Johns-Manville office or send for a free copy of booklet "Sound Control." Write Johns-Manville, Box 158, New York 16, N. Y. In Canada, write: 565 Lakeshore Road East, Port Credit, Ontario.



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B.F.Goodrich develops new surgical glove that reduces hand fatigue, fits comfortably without binding

"Surgiderm" is first glove to have ideal combination of comfort, sensitivity, strength

A new rubber glove, just developed by B.F.Goodrich, is so much more comfortable than other surgical gloves that it has to be tried to be believed. It's softer, more pliable. It fits easily, snugly; doesn't bind the hand or restrict the freedom of the fingers. The difference is so obvious you can feel it just by putting this new B.F.Goodrich "Surgiderm" glove on one hand and comparing it with any other glove on your other hand.

It's the use of a newly-developed rubber compound that makes possible—for the first time—this ideal combination of comfort, sensitivity, and strength in one glove.

Less tiring to the hands

Comparison tests prove that the B.F. Goodrich "Surgiderm" glove is 30 to 50 per cent softer than any regular rubber surgeons' glove, including the

brown cement type. Because it's softer and more flexible, it takes 25 to 30% less force to flex the fingers and hand, a tremendous factor in reducing fatigue.

More sensitive touch

The new glove is extremely sensitive to the touch, responsive to even the slightest movement of the fingers. It is tissue thin, and uniformly thin—no heavy ends at the fingertips.

Stronger, longer lasting

Despite its softness and thinness, this B.F.Goodrich glove is strong to start with and stays strong even after many sterilizations. It is 36% stronger than a brown cement type glove *before* use, 67% stronger *after* ten sterilizations. What's more, it keeps its elasticity, can be stored for months with no danger of deterioration.

Have this test made

Ask a surgeon on your staff to make a comparison test during an operation. Have him wear a "Surgiderm" glove on one hand, any other brand glove on his other hand. We think he'll be convinced that this new glove is the most comfortable he's ever worn.

Where to buy

The new B.F.Goodrich gloves are made in sizes from 6 to 10, have rolled wrists which fit snugly over the gown, are brown in color. They're sold by hospital supply houses and surgical dealers everywhere. *Hospital and Surgical Supplies Dept., B.F.Goodrich Industrial Products Co., Akron 18, Ohio.*

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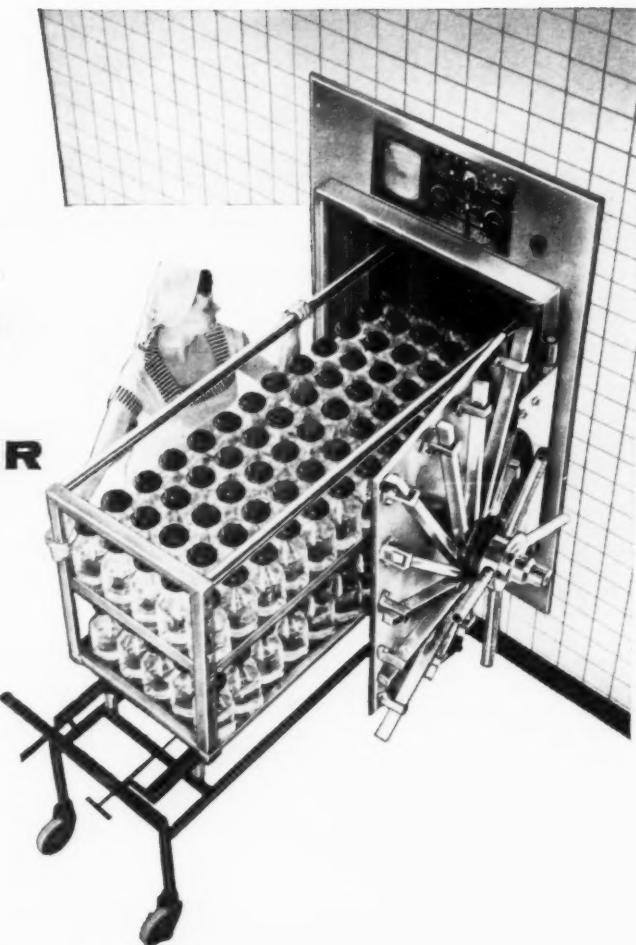
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**RECTANGULAR
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Features:

- M. E. construction . . . Monel End Ring welded to nickel clad interior for complete armor against rust or corrosion.
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American Model M. E. Sterilizers meet the modern need for large capacity steam sterilization of everything from surgical and obstetrical packs to treatment trays or flasked solutions. They have many specific features which make them easier, faster and more comfortable to use and less costly to maintain.

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▼ Write for Bulletin SC-305

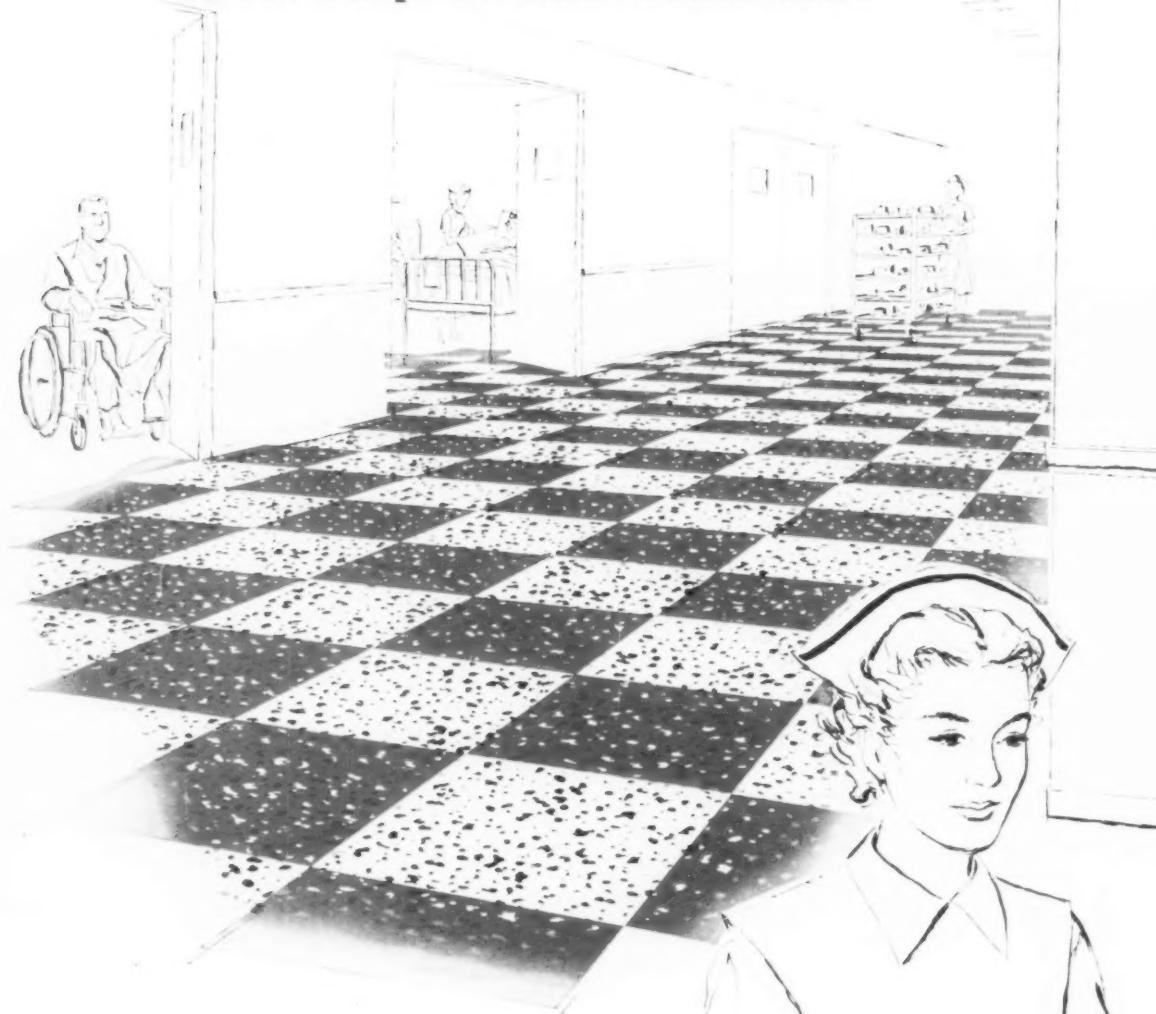


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■ Bolta-Floor homogeneous vinyl floor tile is being specified by more and more hospitals. In busy reception areas, corridors and patients' rooms, Bolta-Floor offers appealing beauty, longer wear plus easier low cost maintenance.

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THE GENERAL TIRE & RUBBER COMPANY
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The MODERN HOSPITAL

SMALL HOSPITAL QUESTIONS

Accounting Speed-Up

Question: Every month, I submit a statement at our board of trustees' meeting, showing where we stand in relation to the budget, on both the income and expense sides, in all our major departments. Our trustees' meeting is usually held around the 15th of the month, and, since it is then too early to have figures for the previous month, the figures we submit and discuss each month are for the preceding month—that is, at our December meeting, we will be reviewing October figures. One of our board members claims this is too late to be useful, but our accountant says it is impossible to have the operating figures for the immediately preceding month by the 15th. What is the usual practice?—T.N.S., Neb.

ANSWER: The best practice under these circumstances would be to give your accountant the help he needs to get his reports out more promptly, or get a new accountant. Good business practice requires that operating figures should be available quickly for study by department heads and management, so that adjustments may be made promptly when necessary. Most hospitals and businesses find it possible to report major income and expense items by the 15th of the following month and, given proper help, your accountant should be able to do so.

Gas Sterilization

Question: Is gas sterilization suitable for use in the hospital?—S.U., Ill.

ANSWER: The question was referred to a technical consultant who has replied as follows:

"Both Ethylene oxide and Carboxide are being employed commercially as a medium of sterilization. Their uses are dependent on many factors relating to the particular establishment.

"Ethylene oxide is explosive in certain proportions with air in the presence of certain metallic catalysts. Its use should certainly be cleared with the insurance company covering the establishment.

"Properly designed equipment with accompanying safety devices should be used, subject to the advice of capable engineers with experience in this field.

"Sterilization of any parts or materials should be studied as individual units. Many factors affect the efficiency

of sterilization; so that one should not assume that if one article can be sterilized, others seemingly similar could be handled in a like manner."

Are There Enough Employees?

Question: Hospital articles and publicity keep asserting that the modern hospital should have two employees per bed. In our 50 bed hospital, we have only 51 full-time employees, yet our services are fully staffed. What is the discrepancy?—J.B., Mich.

ANSWER: The publicity should indicate that complete hospital service requires approximately two employees per occupied bed. If you have an average hospital of 50 beds, your occupancy probably runs 35 patients or less a day; thus you have approximately 1.5 employees per occupied bed, or the average ratio for hospitals in your size group.

Emergency Trend

Question: We are planning some plant expansion and alteration, and there is a division of opinion as to the need for expanding our emergency department. Some of the doctors say the trend is toward greater use of hospital emergency rooms; others claim the opposite is true. Which is correct?—O.I.T., Ariz.

ANSWER: Neither. The development of emergency service is determined largely by local conditions, such as the size and nature of the population; location of highways, industrial plants and other facilities; other hospitals in the area, and other factors affecting the number of emergency patients that may be handled. Of course,

population trends must be studied carefully in determining future needs. In recent years, an increasing number of hospitals have established outpatient services, sometimes in combination with the emergency room; possibly this is the "trend" referred to.

Referrals

Question: We are in a community that has been growing rapidly in both industrial and residential population, with the result that many newcomers call the hospital and ask us to recommend a doctor. Is it proper for us to make such a recommendation? If we recommend a particular doctor in such a situation, what will other doctors on our staff think?—W.S.S., La.

ANSWER: In any emergency situation, your first obligation is to the patient, and your recommendation should be consistent with getting the best possible care that is available. If such requests come to the hospital regularly, however, the method for handling them should be systematized to avoid any possible misunderstanding with staff members. It should be possible to work out some method of rotating referrals, in conference with the executive committee of the staff, or the staff as a whole, so this can be accomplished.

Drug Prices

Question: We have a part-time pharmacist who also has some purchasing and personnel duties in our 45 bed hospital. We are getting some complaints from patients and doctors about drug prices, but our pharmacist tells us that income from the pharmacy, which averages a little more than \$4 per patient day, is not out of line. Is this right?—J.W., Ind.

ANSWER: The figure given is in line with pharmacy income per patient day in most hospitals of this size. However, continuing complaints from patients and doctors about drug prices must be given serious consideration; if a study of pharmacy costs shows the existing price structure is producing more than a modest profit on the operations of the department, it may be wise to reduce charges here and, if the income is needed, raise the charge for room and board, where losses are commonly sustained.

Conducted by Jewell W. Thrasher,
R.N., Frazier-Ellis Hospital, Dothan,
Ala.; A. A. Aita, San Antonio
Community Hospital, Upland,
Calif., Pearl Fisher, Thayer Hos-
pital, Waterville, Maine, and
others.



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And since you only wax half as often with WATER-PROOF, you'll cut wax consumption in half. Actually, you'll *make* money . . . for you're saving more per year than you'd spend on WATER-PROOF. To cut your maintenance costs, ask your Holcombman about Holcomb WATER-PROOF WAX.

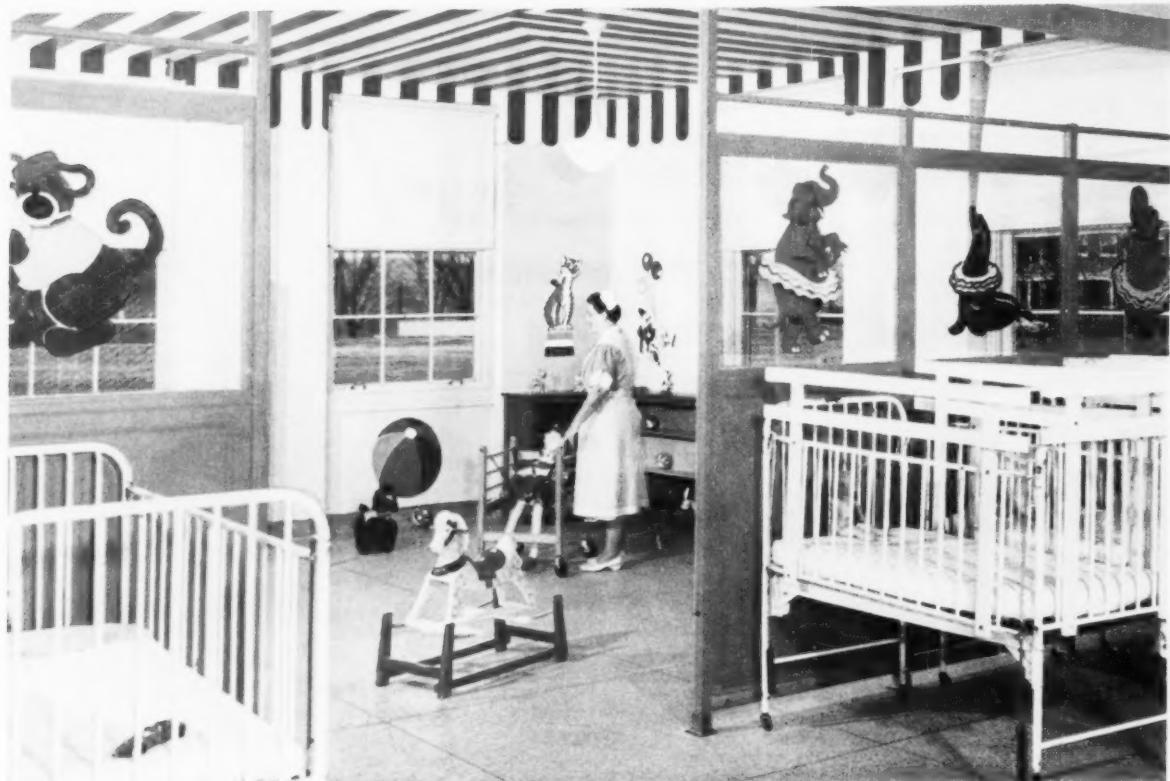
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according to principles of Pittsburgh's system of COLOR DYNAMICS.

• **This modern painting system** is not just an interior decorating guide. It makes use of the knowledge of human reactions to color. Experience in hundreds of hospitals has proved that its use helps patients to speedier recovery and hospital staffs to greater efficiency.

• **By the use of COLOR DYNAMICS**, patients' rooms have been given color

plans that contribute to convalescence. Use of proper colors in operating rooms relieves eye fatigue and nervous tension among surgeons. Nurses' stations are painted to improve alertness. Comfort and morale of resident staffs are enhanced by more cheerful surroundings.

• **Why not use COLOR DYNAMICS** to help make your hospital a warmer, friendlier and brighter place—at no greater cost than is required for normal maintenance painting?

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RECIPIENT OF HIGH PRAISE

• By adopting a cross-shaped building plan and by placing the bank of elevators in the center of the cross, this new 6-million-dollar hospital is a creation for exceptionally high efficiency. Passengers are delivered close to nurses' stations and near all patient rooms and services. Since corridors pass around the elevators, all traffic through the floor lobbies is eliminated. By placing the building at an angle within the 12 acres of beautifully landscaped grounds, each patient's room is given direct sunlight during a por-

tion of each day. A solarium is provided on each floor and the entire building is air-conditioned. The nurses' home houses 150 students. A lecture hall adjoining it accommodates 250 persons. A smaller hall seating 125 is situated in the hospital and conference rooms are located on all floors. Everywhere are evidences of the high standards prevailing during all the many planning and equipment decisions, including the adoption of **SLOAN Flush Valves** for installation throughout the buildings.



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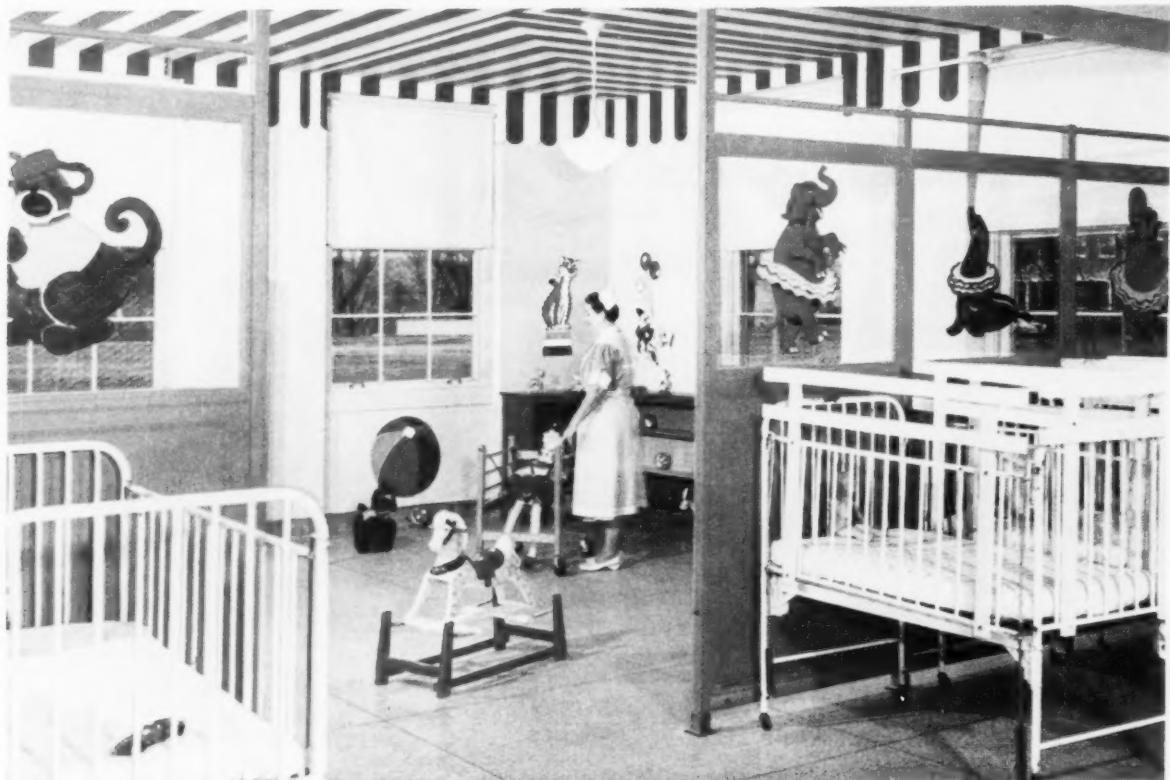
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tion of each day. A solarium is provided on each floor and the entire building is air-conditioned. The nurses' home houses 150 students. A lecture hall adjoining it accommodates 250 persons. A smaller hall seating 125 is situated in the hospital and conference rooms are located on all floors. Everywhere are evidences of the high standards prevailing during all the many planning and equipment decisions, including the adoption of **SLOAN Flush VALVES** for installation throughout the buildings.

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wire from Washington

HILL-BURTON IN JEOPARDY?

The Hill-Burton hospital construction program is in the midst of its most serious trouble in 10 years.

This time the attack is not the usual one from economy-minded Congressmen who in the past have fought H-B appropriations merely because they were a big and inviting target. This time the situation is more serious: The entire national emphasis has turned toward scientific research, scientific development, and the training of more scientists.

The Hill-Burton program is medical, but in only a few respects could it qualify as a scientific or research effort. So its funds definitely are in jeopardy.

In his second "chins up" talk, President Eisenhower, in measured words, laid down the standards by which Hill-Burton and other civilian programs will be judged:

"In the federal government's civilian activities, we shall have to make some tough choices."

"Some programs, while desirable, are not absolutely essential. In this I have reached a clear conclusion. While some savings may still be squeezed out through the wringer method, savings of the kind we need can come about only through cutting out or deferring entire categories of activity. This will be one of the hardest and most distasteful tasks that the coming session of Congress must face. . . ."

Right now the request for money to run Hill-Burton for the fiscal year starting next July 1 is before the Bureau of the Budget, which, as an extension of the President's authority, will be thoroughly conscious of the tough White House policy.

While requests made of the bureau generally are not voluntarily disclosed—some are revealed at later appropriations hearings—it can be assumed that the H-B directors have asked (or attempted to ask) for something approximating the \$121.2 million that Congress voted the program for this year. Of this, \$99.21 million was marked for the original part of the program, \$1.2 million for research, and the maximum allowed, \$21 million, for the new program to aid nursing homes, diagnostic-treatment clinics, rehabilitation centers, and mental institutions.

Whatever was asked of the bureau isn't too important. What the budget bureau decides to ask Congress for is important. In other years the liberal leaders in Congress generally have been able to increase an inadequate budget bureau figure for H-B to one adequate to meet the demand. This year, when the White House and Congress apparently will be united in demanding economy in all fields except research and science, the hospital's friends on Capitol Hill may not be so successful, and indeed may not even make the fight.

Unless word leaks out in advance, the budget bureau recommendations for H-B will not be known publicly until the President sends his budget message to Congress in early January. It is probable that the bureau won't have its own mind made up until the middle of December.

Regardless, it will be surprising if the bureau doesn't cut the H-B figure well below the \$121 million being spent this year.

Until the time for the hearings before the House appropriations committee next year, there will be little the hospital industry can do officially to bring up the budget bureau figure, assuming that it turns out to be so low as to cripple the program critically.

However, American Hospital Association is alert to the situation and prepared to start contacting members of the appropriations committee informally if necessary, as soon as the bureau's figure is made public.

In face of a new emergency, is Hill-Burton still needed?

Statistics collected by the Division of Health and Hospital Facilities (H-B in Washington) show that if hospital construction grants aren't needed now, they weren't needed 10 years ago when the program got started.

The hospital bed need is calculated now at about 800,000—within a few thousand of the figure then—with the same method of calculation used both times.

While H-B funds have helped in the construction of 150,646 hospital beds, attrition and population increase have absorbed all of them.

ECONOMY PRESSURES WIDESPREAD

The impact of the Sputniks is being felt in all other fields of federal medicine and medical legislation.

What the budget people regard as "marginal" or "optional" programs, and what the President calls "not absolutely essential" will be subject to the same economy pressures as Hill-Burton.

One of the conspicuous examples is the activity, now in its second year, under which the U.S. makes \$50 million in grants each year to help communities build or improve their sewage treatment facilities. It will be no surprise if Congress, if not the budget bureau, drastically cuts this figure for next year, at the same time telling cities and towns to resume this burden on their own.

Also, the budget bureau is taking a critical look at the various U.S. grants programs to help states combat communicable diseases, rehabilitate the disabled, and improve local public health services. The bureau's attitude certainly will be: The states and communities did all of this on

their own once; how much can they do if federal aid is stopped or reduced?

In another medical area, there is a different prospect.

President Eisenhower, with the full support of his administration, is virtually demanding that Congress set up some sort of a system for giving scholarships to deserving students in the sciences.

As one H.E.W. official put it, "If they're going to help out students in physics, chemistry and mathematics, it is hard to believe that there won't be some help for medical students."

It is too early to say whether this help-to-science campaign will go far enough to ensure passage this year of the Administration's bill for grants to medical schools to build and equip teaching facilities. Last year Congress voted money to build and equip medical research plants in medical schools and other institutions, but so far it has done nothing on aid to teaching. That bill calls for \$225 million over several years.

Even the National Institutes of Health—devoted wholly to medical research—are not entirely protected against the economy movement. Like Hill-Burton, these organizations are a big, wide target for economy. This year they are getting about \$241 million. If they can't demonstrate that the money will be well invested, they also are in danger of crippling reductions.

STAND-BY GENERATORS

Federal Civil Defense Administration has worked out a tentative set of regulations, or "specifications," to govern 50-50 matching grants to hospitals for purchase of stand-by electric generators for use in case of nuclear warfare or other disasters.

The program almost ground to a halt when charges were made that some hospitals were using these federal grants to buy generators to supplement their own worn-out or

overloaded equipment. (See story in this space in October MODERN HOSPITAL.)

Two main points are involved in the proposed new specifications. Unless changed before being announced, they will require that any hospital generators purchased with F.C.D.A. help will have to be integrated in state and local civil defense plans. As such, they will be subject to removal to another site, unless their size makes the transfer impractical.

Also, before a grant is made to a hospital, the project must have the approval of local, state and regional C.D.A. officials, as well as national F.C.D.A. headquarters in Battle Creek, Mich.

The new regulations reaffirm that title to the generator does not rest in the hospital, but in the state. The state, however, may appoint the hospital as "custodian" of its title.

FEDERAL EMPLOYEES' HEALTH INSURANCE

U.S. Civil Service Commission, through a series of fact sheets, is attempting to acquaint all federal civilian workers with details of the Administration's proposal for health insurance.

The proposal combines basic and catastrophic insurance. The employee may, within certain limits, select the type of basic coverage he wants and from a company or organization of his choice, but if he takes basic he must also take catastrophic coverage. The U.S. would pay about one-third of the premium.

The fact sheets are in the form of questions and answers covering about every possible area involved. Incidentally, and despite some news stories to the contrary, the commission is not planning to make any important changes in its health insurance proposals.

A.H.A. Expected to Reject Forand Bill but Favor Principle of Federal Assistance for Hospital-Medical Needs of Aged

CHICAGO.—Following intensive study by a special committee and consideration by the Council on Government Relations, the Coordinating Committee and the Board of Trustees in meetings here November 26 and 27, the American Hospital Association was expected to announce its opposition to the Forand Bill (HR. 9467), providing hospitalization and medical care for Old Age and Survivors' Insurance beneficiaries under Social Security, but at the same time to make clear the association's belief that the voluntary hospital system alone cannot carry the burden of financing needed hospitalization for the aged population, and that local resources are insufficient to meet the need.

At the trustees' meeting here November 26, representatives of a special "task force" of the American Medical Association, headed by Dr. George M. Fister of Utah, urged the A.H.A. to support the A.M.A. position of all-out opposition to inclusion of health benefits in Social Security for the aged. In weeks preceding the meetings here, it was reported, medi-

cal societies in some areas had brought pressure to bear on hospital trustees to support the A.M.A. view, and the A.M.A. group indicated such pressures might be continued if the A.H.A. were to approve the Forand Bill or favor use of Social Security to meet the health needs of the aged.

Within A.H.A., one question that was being debated was whether to recommend use of the Social Security mechanism or whether to reaffirm the association's official policy position adopted by the House of Delegates in 1955, supporting the use of federal-state matching funds to pay premiums covering hospital utilization costs for the aged population.

Members of the A.H.A. committee studying the problem were Dr. James P. Dixon, chairman, Ray E. Brown, J. Douglas Colman and Dr. Philip D. Bonnet. An announcement of the A.H.A.'s policies on hospitalization and medical benefits for the aged was expected to be forthcoming early in December.

DECEMBER
1957



LOOKING AROUND

R Man's Meat

EVERYBODY above the rank of dishwasher spends a few hours a week, at least, in committee meetings these days, and administrators, especially, are aware that people in meetings use up a lot of time coming to the point and making decisions. Long the subject of informal observation, what happens in meetings has recently been examined seriously by social scientists, who are now prepared to tell us precisely what people do and say in groups—or how they interact socially, in the scientist's elegant phrase.

Science has its limitations, however, and, so far, the findings do not reveal the reasons group behavior is what it is, or what can be done about it—short of abolishing groups, an idea that grows on the reader as he works his way through one scientist's report, an exercise winningly entitled, "Task Status and Likeability as a Function of Talking and Listening in Decision-making Groups."¹

In your average committee meeting or conference, it turns out, task status and likeability are in conflict, or, as one might say, "sociability and activity are generally orthogonal," or again, "increase in achievement in the group is made at the expense of peer-group affection." When the dressings are removed, this proves to be something everybody has known right along: The man who makes the most sense at a meeting rarely makes the most friends.

Bales, Robert F.: Task Status and Likeability as a Function of Talking and Listening in Decision-making Groups. From *The State of the Social Sciences*, edited by Leonard D. White. University of Chicago Press, 1956.

To reach this and several more conclusions, some of which were less obvious than others, research workers made exhaustive observations on small groups of students meeting in a specially prepared conference room to discuss typical human relations problems encountered in administration. Complete sound recordings were made of all the discussions, and, peering out from behind one-way windows, observers noted and recorded, on moving tapes, every reaction to everything that was said. Later, participants were asked to rank members of their groups according to their contributions to the problem, grasp of the subject, insight, reasoning and personal likeability.

All the members of all the groups were then classified by their activity, or how much they talked; task ability, or what they contributed, and likeability, or their place in the "network of affective relations." Actions and responses were also classified according to whether they were judged to be positive reactions, negative reactions, questions or problem-solving attempts. Carefully counting every gesture and grimace, the observers noted that 26 per cent of all the acts of all the members of all the groups were positive reactions, 11 per cent were negative reactions, 7 per cent were questions, and a whopping 56 per cent were problem-solving attempts—a record for constructiveness that would put the average committee to shame but which owes something, unquestionably, to the fact that the students knew they were taking part in an experiment and being observed.

Charting individual behavior, the researchers uncovered a fact that is unlikely to startle a committee-wise world: Once a man starts talking, it's hard to stop him. This results in what the sociologist politely calls a drift toward inequality of participation. "When a person has completed one act, the chances are a little better than even that he will continue for another act," a report on this aspect of behavior pointed out, illuminating a familiar situation. "After each succeeding act his probability of continuing drops, but never as far as if he simply flipped a coin at each point to determine whether to continue or to yield the floor. In fact, relatively speaking, he exceeds this chance probability by a larger and larger fraction with each succeeding act."²

From here on, as every chairman knows, meetings follow a well-worn path. "While one person becomes a specialist in advancing ideas, another is apt to be developing a specialization on the reactive side" is the way the scientist describes the process. "The men most commonly rated 'best liked' typically have higher than average rates of showing tension release (mainly smiling and laughing) and showing agreement. It is not impossible for the man ranked at the top in ideas also to be best liked, but apparently it is difficult."

In another report, the observers grappled with this most done-least liked phenomenon, trying to determine why it is that the man who gains

Bales, Robert F.: How People Interact in Conferences. *Scientific American*, 192:3 (March) 1955.

respect is likely to lose affection. Possibly, the authors hypothesized, the cause might lie in "a tendency to transfer whatever negative attitudes there may be toward authority to any person who begins to achieve prominence or high status." Another thought that was considered, and hastily dropped, was that, "in a decision-making group, the person who takes the lead in finding some solution to the problem will generally threaten some values held dear by some members of the group and may collect by displacement the negative affect generated by the general value conflict, as well as that due to the disturbance he directly provokes."¹³

Like a timid woman parking a new car, the researchers then backed cautiously into the truth: "Still another line of thinking suggests that it is very difficult to make a substantial contribution to the task without talking a great deal, and overtalking may be resented by other members as a threat to their own status and a frustration of their own desire to talk."

Once this was established, things began to sort out. Examining all the shades of likeability in relation to the amount of talk and backtalk, the investigators discovered that the man who has top task status isn't disliked as much by those who have talked back to him in the meeting as by those who haven't. "Receivers who are permitted to communicate back to a person who has sent them an act of hostility show more post-experimental friendliness to the sender than those not permitted to communicate," they reported. Eventually, it turned out that the "ratio of interaction received to that initiated" measured the difference between "top interactors who were proportionately well liked and those who were not."

The ratio of interaction received to that initiated, or backtalk to talk, came to be known as the "feedback ratio," and a man with a high feedback ratio, though he may have received negative affects, or dirty looks, was rarely regarded as an utter heel. "The highest participants among the third of the

population with the lowest feedback ratio not only are less well liked but are more disliked than their less active colleagues in the same population," the researchers said, driving this point home. "In this third of the population, the more the person talks, the more he is disliked. But in the opposite third of the population, those who have a high feedback ratio, there is no relation between how much a man talks and how much he is disliked."

Eventually, five types of participants were identified: The Great Man, who scored high on all three factors—activity, task ability, and likeability; the Task Specialist, high on activity and task ability, but somewhat lower on likeability; the Social Specialist, high on likeability, somewhat lower on activity and task ability; the Deviant, high on activity, low on task ability and likeability, and the Residual Member, or, in the racy language of sociology, the "R Man," who scored medium to low on everything and might as well have stayed home.

With the students all carefully labeled, the investigators started loading groups with one type or another and observing what happened, for example, when Great Men got together, or when a Task Specialist with a low feedback ratio came face to face with a fast-talking Deviant. While the results largely "replicated" previous findings (to use a sociological term that means the same thing as "repeated" but is certainly tonier), and the factors of activity, task ability and likeability tended to separate out as independent more clearly than they had in the earlier meetings, one significant new finding emerged. "Within the composed groups (as the loaded meetings were called), those we provided with a Deviant showed some significant differences in interaction from those with no Deviants," the investigators reported. "They showed more disagreement, more tension, less tension release, less solidarity, and less asking for opinion." In other words, nothing louses up a meeting like a member who talks all the time and has nothing to say.

As meetings progress from early stages into middle and later periods, with tonsils and tempers wearing thin, the observers noted changes in the kind of things that were said, and the reac-

tions shown by members of the groups. As time goes on, those who speak become less informative and more opinionated and offer more suggestions; negative reactions to what is being said increase as the meeting moves along, but positive reactions (showing solidarity, agreement and tension release) increase even more. Thus the research concluded on a hopeful note: "Our studies have made clear that social stability is an extremely complex achievement," said the final paragraph of one of the reports. "It takes time and patience to arrive at a common culture extensive enough and sensitive enough to regulate strong counter motives, to promote task accomplishment, to harmonize social relationships and to rejuvenate itself whenever the conditions demand. A clear recognition of the complexity of cultural control of behavior should encourage us to believe that interminable series of meetings around the conference table, international and otherwise, are perhaps worth while after all."

To an old Residual Member with a lot of committee mileage behind him, this conclusion seems to be generally orthogonal to the evidence.

Where There's Smoke

WITH Blue Cross seeking rate increases of as much as 70 per cent, the state insurance commissioner conducting an investigation, the president of the medical society screaming bloody murder, and hospitals claiming huge losses on Blue Cross, things in Philadelphia were pretty hot when the Philadelphia Hospital Association held its regular meeting last month at Lankenau Hospital. When a Blue Cross representative got up to answer charges that the proposed new Blue Cross contract was unfair, illogical, based on an invalid principle and ignored the needs of a large group of hospitals, smoke started to pour out of the ventilators in the meeting room, and President Morris George adjourned the meeting. When they got outside the building, members were relieved to learn that the fire had been caused by an accident in some construction scaffolding on one of the buildings, and not by the overheated discussion, as some had supposed.

¹³Bales, Robert F., and Slater, Philip E.: *Rôle Differentiation in Small Decision-making Groups*, chapter v in Talcott Parsons *et al.* (eds.) *Family, Socialization, and Interaction Process*. Glencoe, Ill., Free Press, 1955.

Blood Replacement Plan Is Described

How the donation of one pint of blood purchases for the subscriber as much processed blood as he may need for the next four years, no matter where he happens to be in this country, is explained at blood bank meeting

CHICAGO.—A cooperative blood replacement plan evolved by the Chicago Blood Donor Service dominated the discussion at a panel on Prepayment for Blood Transfusions conducted during the 10th anniversary meeting of the American Association of Blood Banks here last month.

In addition to the Chicago plan, discussed by Dr. Coye C. Mason, medical director of the donor service, those attending the panel also heard Dr. Walter B. Martin, a director of the Joint Blood Council; Dr. Richard J. Ackart, executive director of the Virginia Hospital Service Association, and Louis A. Orsini, assistant director of information for the Health Insurance Association of America. The panel was moderated by Dr. Karl S. Klicka, director of Presbyterian-St. Luke's Hospital, Chicago.

The association also presented its John Elliott Memorial Award to Marjorie Saunders, cited the Baylor University Hospital of Dallas, Tex., and elected Dr. Oscar B. Hunter Jr. of Washington, D. C., its new president.

A donation of one pint of blood assures the donor the use of all the processed blood he may need during a four-year period under the prepayment plan sponsored by the Chicago Blood Donor Service, Dr. Mason told the panel audience.

As this program works out in the case of a participating national sales organization, Dr. Mason continued, the donation can be made at any hospital in the country which is connected with the national clearinghouse.

The national clearinghouse program operates much like a bank check clearinghouse system through five regional centers in New York, Chicago, Florida,

San Francisco and Dallas. It is sponsored by the American Association of Blood Banks and various state medical societies and is administered by a committee of the association.

The hospital receiving the blood sends a credit through the clearinghouse for the benefit of the salesman member of the plan at any hospital where he may need the blood.

If a participant becomes ill in Florida, for example, and requires 10 pints

of blood, the 10 pints or credits for that amount will be given the hospital. If the hospital has no need for the replacement blood, a check for the cash equivalent to that amount of blood will be forwarded to the participant.

Anyone healthy enough to donate a pint of blood can join the program, Dr. Mason said. Protection starts after 90 days. Those with a legitimate medical reason for not donating blood can join by paying \$10. From experience,

Study Shows Hospitals Collect 40 per Cent of All Blood That Is Used in Transfusions

CHICAGO.—Hospitals were responsible for collecting nearly 40 per cent of all the blood used in the 4,585,000 transfusions that were estimated to be performed in the United States during the calendar year 1956, a recent study reveals.

The study, recently completed by the Project Advisory Committee of the Joint Blood Council, was published in the *Journal of the American Medical Association* for Nov. 2, 1957.

The report, concerned with the sources of blood for blood transfusions in the United States, was based on a postcard survey of every hospital in the country.

The second greatest single source of blood for transfusions, accounting for 37.9 per cent of the total, is the American Red Cross regional centers.

It is interesting to note that neither of these two sources, which together collect 79 per cent of the nation's blood for transfusions, pays the donor.

The results were adapted to the following classifications of blood sources:

(A) blood collected by reporting facility, donors not paid; (B) blood collected by hospital other than reporting facility, donors not paid; (C) Red Cross regional center; (D) community or nonhospital blood bank; (E) commercial blood bank, and (F) paid donors, blood collected by reporting facility.

The returns produced a sample covering an estimated 78 per cent of the entire expressed demand. The remaining 22 per cent were estimated to arrive at the 4,585,000 annual transfusion figure.

Category A accounted for more than one-third (36%) of all blood transfused in 1956. All blood collected in this category was used at the collecting hospital. The collecting hospitals did not depend on other hospitals for their supply in emergencies or otherwise.

The figures in Category B are the first ever developed to reveal the extensiveness of a little known practice. Numerous small hospitals borrow, and

(Continued on Page 142)

CONDITIONS OF SERVICE TO MEMBERS OF BLOOD PROGRAM

The Blood Replacement Plan is not an insurance program, but has been designed to assist blood banks generally in meeting their public responsibility and to help the patient solve some of the problems created by the need for blood transfusions.

Purpose of Plan

1. To augment the available supply of human whole blood for transfusion purposes by encouraging and arranging for advance blood deposits.
2. To establish a plan for replacement of human blood used by members.
3. To develop the plan through Company, Institutional and Fraternal organizations and to encourage private individuals and family groups to become participants in the Cooperative Blood Replacement Plan.

Definitions

1. REPLACEMENT PLAN. Cooperative Blood Replacement Plan, sponsored by the Chicago Blood Donor Service, Inc., as a public service, to be conducted as a not-for-profit program.

2. MEMBER. Individual who has applied and has been accepted by the Replacement Plan as a participant.

3. FAMILY GROUP MEMBER. Spouse of a member, member's unmarried children under the age of 19 years who are listed by the member with the Replacement Plan at the time of joining the Plan, and any child born to the member and spouse during the term thereof whose name and birth date is reported to the Replacement Plan within 90 days of birth. A dependent child ceases to be entitled to service upon (a) attaining the age of 19 years; (b) marriage; or (c) ceasing to be a dependent of the member.

4. BENEFIT GROUP MEMBER. One of a group of three who is designated by a sponsoring member and whose supplemental application for such coverage is accepted by the Replacement Plan.

5. TERM. First 90 days after application are excluded as a waiting period except for service arising due to accidental injury. Thereafter the contract period is:

Member only, Four Years

Family Group Member, One Year
Benefit Group Member, One Year

6. UNIT OF BLOOD. Approximately 500 cc. of human whole blood.

For and in consideration of the member:

1. Donating an acceptable unit of blood to a blood bank designated by the Replacement Plan, or

2. Arranging for some person to donate an acceptable unit of blood to such a blood bank, or

3. Contributing the sum of Ten dollars (\$10.00) to the Replacement Plan.

The Replacement Plan will:

1. Arrange for the replacement to any blood bank, hospital, etc., of units of blood provided to the Member for transfusions on a unit-for-unit basis, or

2. Pay to such blood bank, hospital, etc., which provided units of blood to the Member for transfusion, the actual charge thereof, not exceeding the sum of TWENTY-FIVE DOLLARS (\$25) for each unit of Rh Positive blood or THIRTY-FIVE DOLLARS (\$35) for each unit of Rh Negative blood.

The Replacement Plan undertakes to provide this service for the term or period contracted for by the Member.

The services of the Replacement Plan are not available with respect to transfusions resulting from hemophilia, leukemia, known malignant neoplasm, known blood dyscrasia, ulcers, or active tuberculosis, where any of such diseases exist as of the date of acceptance of the application for membership.

Exclusions

1. The Replacement Plan is liable hereunder only for the replacement of human blood or the cost thereof as

set forth herein and has no liability for any costs of typing, cross-matching, administering, etc.

2. This agreement is null and void if any material misrepresentations have been made by the Member, or Benefit Group Member in his applications attached hereto and made a part hereof by reference thereto.

3. For the first 90 days after the application is accepted, the Replacement Plan shall not be liable except for services required due to accidental injury.

4. In the event of emergency such as war, martial law, invasion, the seizure of facilities of the Replacement Plan, or of blood banks by any public authority, or any such event making their continued operation of this plan impossible, the Replacement Plan may, at its discretion, suspend all benefits and services hereunder, interrupt this Agreement for the period of such emergency and restore this Agreement for full force and effect when the Replacement Plan finds that such emergency no longer exists.

5. The Replacement Plan will not be liable hereunder when

(a) Blood is furnished by any agency of the United States, or any state, or governmental agency.

(b) Workmen's Compensation Laws cover responsibility for payment for disease, condition, injury or ailment which required the furnishing of human blood as a part of treatment.

Termination

Membership will automatically terminate as stated on the Individual Membership Card. Membership is renewable at the option of the Replacement Plan, upon receipt of an additional blood donation or payment of the alternative fee, subject, however, to such changes in the program as the Replacement Plan may determine to be necessary as set forth in the current edition of the Conditions of Service to Members.

This Blood Replacement Plan is a public service program sponsored by Chicago Blood Donor Service, Inc., Chicago.

the service finds that 90 per cent of those participating are donors and 10 per cent join by paying.

Protection for all members of the donor's family is available for a one-year period, though a childless husband and wife can each donate and get the four-year coverage.

The plan was developed to the point of providing national coverage for the sales organization cited in 1956.

Dr. Mason emphasized that this replacement plan is not to be confused with donor club pools sponsored by many blood banks.

In commenting on one of the panel speeches, Dr. Klicka said that he hoped a national exchange of blood could be arranged to cover the country's mobile population. A speaker reminded him of the national clearinghouse program, and another added that a Sacramento,

Calif., blood bank had forwarded 11 credits to Presbyterian-St. Luke's Hospital in October.

The charge that insurance programs tend to discourage voluntary blood donations was discussed by Mr. Orsini.

The theory is that the insured patient does not donate or seek a replacement donor since he feels that his insurance premiums cover the blood he uses. *(Continued on Page 142)*

What Nurses Like and Dislike About Their Jobs

Higher wages and fewer week ends and evenings on duty are the principal requirements of nurses, according to this summary of a year-long study conducted at Hartford Hospital, Hartford, Conn. Respondents to the questionnaire, with few exceptions, are happy in their interpersonal and interdepartmental relationships and they believe they are able to give good care to patients, although the work load is heavy. Most of the nurses questioned approve of the present ratio of professional to nonprofessional personnel; however, if any change is made, a decided majority would like to have the professional staff increased. Results of the study will be used by the administration and nursing department heads to guide them in making changes to increase job satisfaction.

IF HOSPITALS could pay better salaries and expand fringe benefits; if they could reduce the week-end work load and the amount of evening duty; if they could expand the team system of care and increase the number of professional nurses; if they could determine the minimum amount of care needed to keep patients satisfied, they could obviate many causes of unhappiness among their nurses and keep them on the job longer.

These are the major problems hospitals have to contend with in reducing nursing turnover and improving morale, according to a questionnaire study conducted by Hartford Hospital, Hartford, Conn., in an effort to improve its own situation. There are other sources of friction, too, but the greatest weaknesses revealed by this study, Hartford officials report, are staffing, salary, personnel policies, and work performance.

On the other hand, the questionnaire revealed some encouraging signs, too. Hartford Hospital's nurses, in general, are happy in their interpersonal and interdepartmental relationships; they consider their opportunities for learning quite satisfactory; a majority feel that, as individuals, they are able to give good care to the patients and that the patients are satisfied; almost a quarter of the respondents even admitted to being satisfied with their wages—although most "would like a change." And some problems, like the split shift, which nursing officials expected to turn up as a major irritant, proved to be relatively unimportant to those queried.

Of interest to hospitals that have nursing schools

This study was conducted at Hartford Hospital, Hartford, Conn., by the Committee on Supervision under the direction of Mary E. Brackett, R.N., associate director of nursing service. Consultant was Emma Spaney, National League for Nursing.

are the reactions of senior nursing students to various problems of staffing. Here, a weakness which is probably common to every nursing school was revealed: Although they were requested to answer the questions "as if they were new graduates working on the staff," many of them showed a decided lack of understanding of the difficulties confronting the supervisors and, hence, the need for better orientation before they actually become graduates.

On the basis of the questionnaire, which was distributed to all nursing service personnel, senior students, student practical nurses, clinical instructors, house officers and staff physicians, the hospital's committee on supervision has recommended changes in hospital procedures to conform as nearly as possible with the feelings expressed by a majority of the respondents.

Some of these recommendations are:

1. To consider giving an increase in wages.
2. To try to reduce the amount of evening and week-end duty presently required of full-time staff personnel.
3. To find ways to increase the number of professional personnel.
4. To expand the team system of care.
5. To circulate a questionnaire to patients to determine the minimal care that will satisfy them.
6. To include an interpretation of staffing problems and methods of solving them in the orientation of new graduates.
7. To develop leadership and an understanding of their future rôle as supervisors among student nurses.

A somewhat condensed summary of the findings of the Hartford study is presented on the following pages.

(Continued on Page 54)

SUMMARY OF RESPONSES TO HARTFORD HOSPITAL STUDY OF NURSES'

Evening, Week-end Staffing Is the Principal Problem

THERE was considerable agreement on many of the questions in relation to staffing. Following is a summary of the data collected from the questionnaire.

ROTATION

Of all groups, 52% preferred rotation to night duty within a unit to rotation within a department. Strongest approval for this was shown by the general staff nurses (64%), who in reality do most of the rotation, and the student nurses (86%), who were projecting themselves into the rôle of staff nurses. The head nurses, the group who actually administer the policy, were about evenly divided in their choice of rotating within a unit or department.

MEETING SHORTAGES

The method used by nursing service administration for meeting daily shortages by first assigning the available part-time floats and then transferring staff nurses from their regular assignments to the units with extreme short-

ages was approved by a plurality (41%) of the group. Only 12% indicated the system would have to be changed for them to be content in their work.

Greatest approval was shown by head nurses and supervisors, the groups that carry the chief responsibility for staffing. Least approval was indicated by the senior students. A plurality of staff nurses, the group that is most often moved, indicated approval of the system.

Our experience with asking staff nurses to move shows they do not like to do so, but their approval of the system on this questionnaire may indicate their recognition of it as necessary and fair. The disapproval as shown by the senior students indicates the need for orientation to the system for meeting shortages when they are employed as staff nurses.

PERSONNEL RATIOS

Of all persons polled, a plurality (44%) approved the present ratio of professional to nonprofessional staff.

Of the 197 who recommended a change in ratios, 83% recommended an increase in professional and 13% an increase in nonprofessional staff. This finding was reinforced by a free response question on how to improve patient care. One-half of the general staff nurses and senior students who wrote on this question suggested a higher ratio of professional staff.

Significant variations were shown in the answers by licensed practical nurses and student practical nurses. Although the majority recommended an increase in professional staff, the percentage recommending an increase in nonprofessional staff was higher in these two groups than in other groups. Possibly this indicates that the practical nurses answering in this manner have recognized their place on the nursing team and feel they could make even more contribution to nursing service than they do now.

OVERLAPPING DUTY

Agreement was high among all groups (81%) that there be overlapping on all tours of duty.

PART-TIME POLICIES

With the exception of student nurses a plurality of all groups approved the week-end and evening requirement for part-time nurses. However, a significant number of student nurses felt the requirement should be changed if it was possible to do so. Most groups, including 70% of the part-time nurses, felt the part-time nurses should be expected to take charge duty when necessary, but, here again, the senior students differed from the others, there being almost as many who felt part-time nurses should not take charge as who felt they should. The rather consistent difference in reactions to part-time policies given by students should be considered. It may mean that they are not fully aware of present policies. The questionnaire did not determine whether the change that is desired by the students, is for more or less liberal week-end, evening and charge duty requirements.

In this staffing section of the questionnaire we sought expressions on three important policies for part-time nurses: (1) week-end requirement, (2) evening requirement, and (3) acceptance of charge responsibilities. We received approval from a plurality of

IMPROVEMENT OF PATIENT CARE

A FREE response question "What suggestions do you have for the improvement of patient care at Hartford Hospital" was asked of all personnel.

It was significant that 50% of the graduate nurses (full-time) who replied and 50% of the student nurses who replied suggested a larger professional nursing staff.

The following suggestions were insignificant on a percentage basis but might be worth mentioning:

1. Establishment by the hospital or an independent agency of a nursery and/or a nursery school available from 7 a.m. to 11 p.m. so more nurses would be available for patient care.
2. Provide better facilities for recreation and diversion for patients.
3. Orientation program for all new employees at the time of employment, arranged and conducted by the personnel department in the areas where over-all policies and use of equipment could be discussed and/or demonstrated.
4. Planning for intense care unit and more minimum care units.
5. Improvement in method of discharging patients (orders to be written on day before discharge).
6. Mirrors placed at angles in hallway from admitting office to main hallway might prevent an accident when wheel chairs and stretchers are passing through.
7. Exploration of possibility of some means of relieving the supervisors of the time consuming task of totaling time cards each week.

REACTIONS ON STAFFING, EVENING AND WEEK-END DUTY, TEAM NURSING

part-time nurses on the first two and from a majority on the third. In a free response question on personnel policies 22% of part-time nurses asked for more liberal part-time policies.

LATE WORK SCHEDULES

Of the various choices of work schedules on days when they are required to work late the suggestion of 9:30 a.m. to 6 p.m. was approved by a sizable plurality of all groups except the head nurses. About an equal number of head nurses selected each of four plans. The only plan which was generally rejected by all head nurses was 10 to 7 p.m. The largest number of head nurses was in favor of 7 to 11:30 a.m. and 3 to 6:30 p.m. and the choice of the second largest number was 7 to 11:30 a.m. and 3 to 7 p.m.

EVENING AND WEEK-END DUTY

Of all groups questioned, a plurality (35%) would like a change in the policy of having to work two evenings a week. When asked, however, for their reaction if this requirement of two evenings a week must remain, all groups except the head nurses indicated they would prefer evening duty in blocks. Of the block patterns suggested the one which was approved by the plurality of most groups was that of doing four continuous evenings in two weeks; second most popular was eight continuous evenings in four weeks.

Of all persons questioned, 52% agree that the policy which permits certain personnel only one Sunday off duty a month should be changed. It is somewhat encouraging to those responsible for administering a policy that 76% of all respondents indicated that they would be satisfied with a week end off duty, that is, a Saturday and a Sunday, every three weeks. The percentage of staff nurses approving a week end in three was 76% also.

Although all groups of workers expressed a desire for more week ends off duty, the section of the questionnaire on work performance produced the information that all groups of workers who give direct care to patients felt that the week-end load of work is frequently too large and they could seldom, if ever, accomplish more. They also felt that the work is evenly distributed and the patients would not be satisfied if care of lesser quality were provided.

Many (59%) liked the suggested pattern in which both the days off for week ends and days off for the week were rather rigidly scheduled; however, 55% would be satisfied if only the week ends were scheduled with more flexibility in scheduling week days off.

There was approval by 70% of all personnel of the present plan for a sleeping day with pay. The proposed plan in which the sleeping day with pay is retained but the work week is not shortened was acceptable to most groups.

RECOMMENDATIONS ON STAFFING PROBLEMS

It is urgently suggested that recommendations 1 through 7 inclusive be implemented at once and that immediate effort be made to find ways of implementing numbers 8 through 10.

1. Provide overlapping on all shifts.

2. Continue to provide sleeping day with pay, but request persons to work 40 hours that week instead of the present 32.

3. Include in orientation of new graduates an interpretation of staffing problems and methods of solving them.

4. Endeavor to keep rotation to night duty within the unit.

5. Recommend to committee on orientation of personnel that need

for transfers to meet daily shortages be included in orientation plan.

6. Work toward 9:30 a.m. to 6 p.m. as a schedule replacing split time or 10 a.m. to 7 p.m.

7. Experiment with blocks of evening duty, trying, first, four continuous evenings in two weeks.

8. Try to find means of reducing amount of evening duty required of full-time staff personnel.

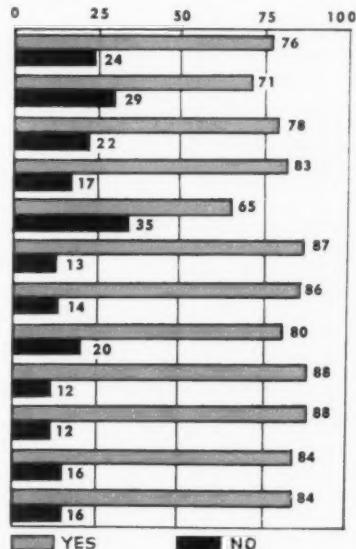
9. Work with groups giving nursing care to see what changes can be made in week-end work load so that a week end off in three may be provided for those now having less than this.

10. Attempt to find ways to increase number of professional staff nurses.

(Continued on Page 56)

RESPONSE TO QUESTIONS ON TEAM NURSING

1. More satisfied with quality of care given on units using team.
2. More satisfied with quantity of care given on units with team.
3. Understand team member functions.
4. Is following true on units using team system?
 - a. More individualized nursing care.
 - b. Better continuity of assignment.
 - c. More complete care of patient by nurse.
 - d. Closer relationship between patient and nurse.
 - e. Closer relationship among nursing personnel.
 - f. Better patient understanding through conference.
 - g. Better communication of patient needs to team members.
 - h. Better understanding of personnel needs through conference.
 - i. More appropriate assignments.



This chart indicates the general approval given by Hartford nurses to the team system of nursing. Color bars indicate "yes" answers; black, "no."

NURSING STUDY COMMITTEE RECOMMENDS EXPANSION OF TEAM SYSTEM,

Quality of Care Given Patients Is Considered Good

QUALITY OF CARE

THE majority (73%) of nursing personnel felt that patient care at Hartford Hospital is good and that patients are satisfied with the quality of care now being given. As individuals they feel they are able to give good quality care. A substantial majority (72%) feel that patients would not be satisfied if care of lesser quality were provided.

QUANTITY OF WORK

Those who give direct patient care were equally divided in their feelings regarding the quantity of work expected of them on weekdays. Half of these groups felt it was frequently too great, half rated it as seldom too great. However, all groups giving direct care felt they seldom could accomplish more on weekdays. All categories of personnel giving direct care felt that the week-end load was frequently too large and seldom if ever would they be able to accomplish more.

However, in spite of the work load, it would appear that assignments remain equitably distributed in view of the response to the question about size of relative assignments: 77% of employees state they are not requested to give care beyond their preparation.

The majority (69%) of personnel felt their assignments made the best

use of their preparation, but in contradiction to this was the feeling of supervisors, head nurses, part-time personnel, and the student groups represented that they are assigned jobs which others with less preparation could do as well.

TEAM NURSING

Those items having to do with the nursing team which were answered by all respondents showed that a plurality (44%) of all personnel liked the team as it is. Auxiliary nursing personnel and student nursing personnel gave the greatest support to the expansion of the team system.

There is increased probability of having the same person assigned to the

same patient over an extended period of time, according to 64% of respondents. From 71 to 88% approval was given to the following items:

More satisfaction with quality of work on team units.

More satisfaction with quantity of work on team units.

Understanding of team member functions.

More individualized nursing care on team units.

More complete care by one nurse.

Closer relationship among nursing personnel.

Better patient understanding through conference.

Better communication of patient needs to team members.

Better understanding of personnel needs through conference.

More appropriate assignments.

RECOMMENDATIONS TO IMPROVE WORK PERFORMANCE

1. In view of the strong appeal made for more frequent week ends off in the staffing section of the questionnaire, and the respondents' feelings in this section regarding present week-end work load, it would seem desirable to present the conflict to the personnel involved through discussion groups for resolution.

2. Patient questionnaire to determine minimal care which would provide satisfaction.

3. Investigation among groups reporting assignments which require less skill or technical knowledge with a view toward reassignment of these tasks.

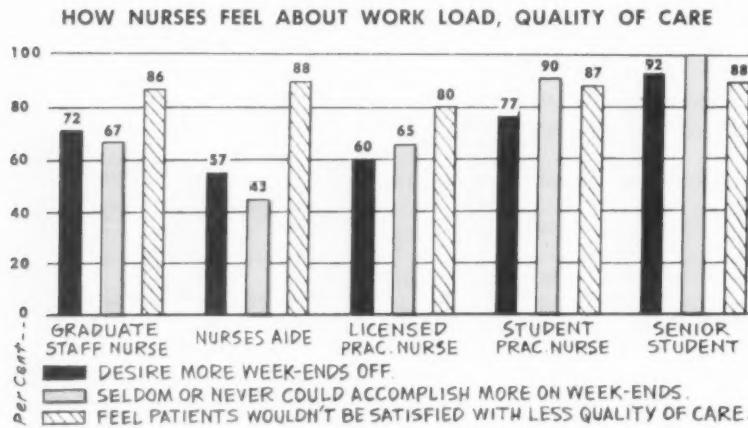
4. Realistic appraisal of problems of quantity *versus* quality nursing care in view of present and future demands for nursing care, by all groups involved, through an educational program.

5. Realistic appraisal and agreement between the nursing service department and the school of nursing on the quantity and quality requirements for nursing care, at present and in the future, in order to provide the student with a realistic concept of nursing.

6. Continued staff education program for graduate staff nurses on team units to provide (1) understanding of the needs of auxiliary and student personnel for leadership and (2) some of the skills of leadership.

7. Provision throughout the student program for the development of leadership ability and the concept of the rôle of the graduate staff nurse as a leader and supervisor of nursing personnel.

8. Expansion of the team system of care to all units within Hartford Hospital as rapidly as is wise.



Graph indicates the views of five categories of nursing personnel on week-end duty; amount of work required on week ends, and quality of care.

CONTINUING STAFF EDUCATION PROGRAM, AND INCREASING STAFF WAGES

Higher Wages and Benefits are "Most Desired" Change

WAGES

IN THIS section of the questionnaire the term "wages" was used rather than "salary," because connotations applied to the latter term by certain categories of personnel might lead to misinterpretation. The most frequent response to the item "wages" was: "Would be nice to have a change if possible." Almost one-fourth of the respondents like their wages as they are. More than one-fourth of auxiliary nursing personnel in five categories (medical aides, medical technicians, licensed practical nurses, operating room technicians, and floor receptionists) responded that there must be a change if they are to be content in their work.

If the two responses which indicate a desire for change are considered together, 61% of all personnel desire a change in their wages. The following categories stand out because more than the average number (61%) indicated desire for change:

general staff nurse	66%
part-time nurse	67%
male aide	66%
male aide part time	80%
licensed practical nurse	65%
licensed practical nurse part time	85%
floor receptionist	86%
senior student (attempting to place herself in rôle of staff nurse)	63%

These findings were reinforced by an area of the questionnaire on which the respondents were asked to list three most desired changes in personnel policies. In this free-response question, 19% of head nurses, 29% of general staff nurses, 19% of medical aides, and 82% of floor receptionists listed higher wages as the most desired change in personnel policies.

A plurality of personnel expressed approval of all other items considered as part of salary or fringe benefits (evening bonus, night bonus, group life insurance coverage by hospital, vacation, sick-time allowance, Blue Cross coverage by hospital, holiday time al-

lowance). In spite of the fact that part-time employees are not eligible for any of these benefits except evening and night bonus, a plurality of these expressed approval.

In a free-response question on personnel policies, however, part-time nurses asked for paid vacations and Blue Cross coverage by the hospital and part-time aides asked for paid vacations.

Comparison of all the items to see which ones received the most responses indicating some degree of desire for change gives this sequence: wages, sick-time allowance, evening bonus, night bonus, vacation allowance.

PERSONNEL POLICIES

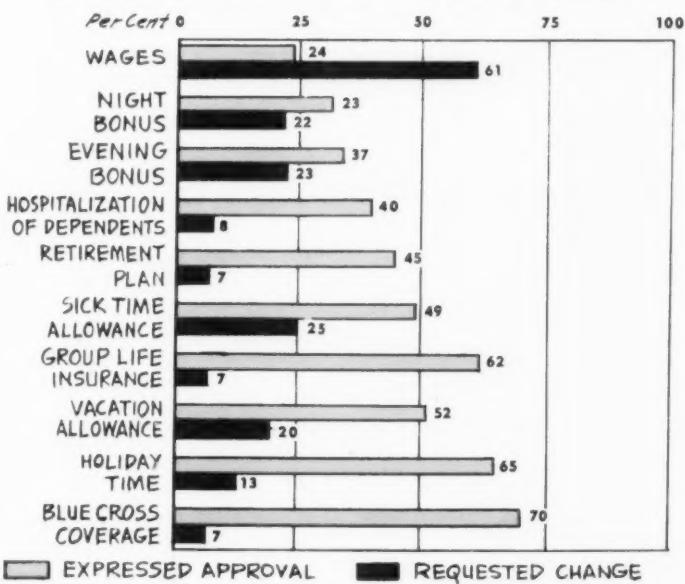
A free-response question was used stating: "If it were possible for the hospital to add to your benefits, list three you would like to see added in order of their importance to you." In summarizing responses to this question, we report only suggestions which were recorded by 19%* or more of the persons in each category.

(Continued on Page 58)

RECOMMENDATIONS ON SALARIES AND BENEFITS

1. Consideration be given to increasing wages.
2. Consideration be given to bringing the floor receptionist salary range more in line with that of other workers.
3. In any effort to increase fringe benefits, they should be considered in this order: evening and night bonus, sick-time, vacation allowance.

OPINION REGARDING WAGES AND FRINGE BENEFITS



Bars in color show the percentage of all groups that approve existing wages and fringe benefits; black bars indicate those requesting a change.

* Many responses were noted at the 1st, 2d, and 3d percentile. It was felt, however, that the number of responses beginning at the 19th percentile was so significant that they warranted reporting.

Nurses Get Along Well With Their Fellow Workers

FRIENDLY ATMOSPHERE

THE majority (80%) of the total group gave an affirmative reply to the question, "Did a friendly atmosphere exist on the unit during the first two months of employment?" It is interesting to note, however, that there was one exception to this statement. Half of the student practical nurses indicated dissatisfaction in this area, and this finding merits further investigation.

FREEDOM TO DISCUSS PROBLEMS

The respondents apparently felt free to talk over their problems with their head nurses and supervisors. Again, there was one exception within the student nurse group. More than three-fourths of the student nurses did not feel free to talk over their problems with the supervisor. It was felt that perhaps the reason for this reaction was that students are accustomed to seeking help from the assistant director in student personnel services and from their clinical instructors and may not understand the place and functions of the supervisor. It may be the senior student found it difficult to place herself in the position of a staff nurse.

APPRECIATION

The majority (72%) answering seemed to believe their suggestions were given consideration, and 67% felt that appreciation was shown for special effort.

DIVISION OF HOURS

The way in which holidays, week ends, vacations and straight hours are divided among the staff was approved; 59% expressed approval of holidays, 44% of week ends, 58% of vacations, and 45% of straight day hours. A few exceptions occurred. Senior student nurses and student practical nurses desire a change in the division of holidays, week ends, and straight hours among the staff. A possible explanation is that they are the only rotating personnel and may not get a fair share of these things. Rotation is necessary among this group for educational purposes. The staff nurses were divided almost evenly as to satisfaction and dissatisfaction regarding division of week ends.

INTERDEPARTMENTAL RELATIONSHIPS

Relationships with various departments within the hospital seemed to be satisfactory to the respondents. The only nurses who felt the need of a change were the supervisors, half of whom stated that it would be nice to change their relationship with the pharmacy. In studying this particular question, it seems that approximately half of the supervisory group accepts the responsibility for pharmacy calls after the department is closed. Upon further investigation, by open discussion with the supervisors, it appears that this group does not feel secure in dispensing drugs to the nursing units. During

the discussion, there was no mention of dissatisfaction with this department during regular working hours. This might seem to indicate that the supervisors desire a change in the policy of pharmacy coverage after the regular working hours of that department.

In all categories the majority liked its present relationships with other nursing personnel. From highest to lowest, degrees of satisfaction with present relationships were rated in this order: staff nurse, head nurse, supervisor and professional nurse student, floor receptionist, nurse's aide, licensed practical nurse, ward helper, medical aide, and clinical instructor.

RECOMMENDATIONS ON RELATIONS WITH OTHERS

1. Investigate the reasons student practical nurse feels the lack of a friendly atmosphere during her first two months at Hartford Hospital: (a) by bringing this information to the head nurse, staff nurse, and licensed practical nurse committee for discussion; (b) by emphasizing the rôle of the student practical nurse during team conferences; (c) by interviewing the student practical nurse at monthly intervals regarding her feelings as a new staff member.

2. Continue present study of relationships between the pharmacy and the supervisory group.

3. Consider a work group to study relationships between the clinical instructor and nursing service.

Availability and Use of Bed Linens on the Nursing Floors Create Some Problems

WORKING CONDITIONS

THERE was a mixed feeling over the availability of bed linen, with almost as many indicating satisfaction as dissatisfaction. It is interesting to note that the supervisors and head nurses were in disagreement on this item. Most supervisors desire a change and most head nurses are satisfied.

Most groups felt a change in the working area available in multiple-bed rooms would be desirable.

A small plurality of respondents indicated dissatisfaction with the availability of pay phones for patients.

Most respondents who have their uniforms done in the hospital laundry

were satisfied with the service given. Most respondents felt that personnel could be more economical in the use of bed linen, the strongest feeling being expressed by the head nurses and supervisors.

It was the general opinion of all groups that recreational space for patients should be centrally located on each floor.

If residence facilities were made available to all nursing personnel, most respondents indicated they would not take advantage of them. Nurse's aides, practical nurses and student practical nurses were exceptions, stating they would like such facilities.

All groups to whom residence facilities are presently available expressed the feeling that the effect of residence living on general morale is undesirable.

Three questions intended only for personnel who live in residence were answered by many persons to whom residence facilities are not available. Therefore, an accurate analysis of these questions is impossible.

RECOMMENDATIONS ON HOSPITAL FACILITIES

1. Study the present linen standard and methods of economizing on use of linen.

Mrs. Ferrell Chenault, staff nurse, and her four children in hospital's day nursery. This month's cover picture shows children in the park across the street from hospital. They are supervised by Mrs. Haile Wong, nursery director.



This Nursery Brings Nurses Back to Work

Married nurses who want to work are cordially invited to "come and bring the children," an offer that has done much to ease nursing shortage at Memorial Hospital, Houston

QUINTON M. SHERER

*Public Relations Director
Memorial Hospital, Houston, Tex.*

MRS. FERRELL CHENAULT, R.N., bundles her four children up each afternoon and takes them with her to the Memorial Hospital of Houston, Tex. There, Lynda, Tina, David and Edith, all preschool age, stay while Mrs. Chenault works as a staff nurse from 3 p.m. to 11 p.m.

Memorial Hospital jumped the first hurdle in relieving the nursing shortage when in August 1954 it established a "nursery for nurses."

Today there are 20 registered nurses and three registered laboratory technologists at Memorial who bring from 30 to 35 children to the nursery each week. Without the nursery the majority of these mothers would not be working at all.

The mother pays only \$9 per week for the first child and \$3 a week for each additional child. So for \$18 a week Mrs. Chenault gets more than a baby sitter for her four children.

They get their meals, nourishment in the afternoon, supervised play, educational games and songs, and are put to bed until mother calls for them at 11 p.m.

Mother can drop by to see her children on her coffee break. Medical care will be provided them at a minimum cost.

"The nursery really helps us," Mrs. Chenault said, explaining that her husband works the same hours she does.

(Continued on Pages 60 and 61)

CHILDREN FROM THREE MONTHS OLD TO SCHOOL AGE ARE CARED FOR



Above: Mrs. Wong puts Sharron Norris to bed for her afternoon nap. Each child in the nursery has his own bed, in accordance with a state nursery law. Naps are taken just after lunch, for a two-hour period. Children who stay at the nursery from 3 p.m. to 11 p.m. are put to bed about 8 p.m.



Above: Children in the day nursery enjoy playing on their sunporch, which adjoins the nursery. The nursery itself is located on the fifth floor of the modern seven-story Cullen Nurses' Building. The sunporch is equipped with a merry-go-round, swing set, sliding board, and rocking horse. The nursery has a TV set.

Right: Each child's birthday is celebrated in the day nursery with all appropriate fanfare. On special occasions such as Hallowe'en and Christmas, the children plan a party with group entertainment and invite the mothers to join in the festivities. Children from three months to school age are cared for.

LICENSED by the Texas Department of Public Welfare, the nursery is staffed by professional help and assisted by volunteer workers from the Woman's Auxiliary. Ten women are employed in child care and two maids keep the nursery clean.

Mrs. Haile Wong, supervisor of the nursery and holder of three college degrees, believes every child's mother is back at work because of the nursery. Memorial is the only hospital in Houston with this convenience for its nurses.

Housed on the fifth floor of the beautiful Cullen Nurses Building adjoining the hospital, the nursery has a sundeck for outdoor play on the merry-go-round, swing set, sliding board and rocking horse.

On special occasions like Hallowe'en and Christmas the children plan a party with group entertainment and invite their mothers. Each child's birthday is celebrated with child-like fanfare.

The children attend the nursery only on



Above: Before she goes on hospital duty, Mrs. Carolyn Acord, R.N., combs son Michael's hair, while Michael's brother, Randy, looks on. Mrs. Acord, who is the head nurse in the emergency room, returned to Memorial because of its day nursery. The hospital is the only one in Houston that provides this service.



The MODERN HOSPITAL

IN THE NURSERY WHICH IS STAFFED BY PROFESSIONAL PERSONNEL

those days their mothers work. For regular nurses this is five times a week and for part-time nurses about three times a week.

It is operated from 6:30 a.m. until 11:30 p.m. seven days a week. Several of the mothers have three children each and many have at least two children each in the nursery. Children from three months old to school age are cared for.

The day care nursery is governed by a board of six directors. Jane Raulston, R.N., the assistant director of nurses, one of the founders, is the chairman. The director of nurses, Barbara Odom, R.N.; the administrator, W. Wilson Turner; another registered nurse; a dietitian, and an administrative assistant are also on the board.

Mr. Turner, an enthusiastic advocate of the nursery, says, "The nursery has enabled those registered nurses who are mothers to come back to work and help ease the shortage."



Above: Candy stripers, or junior volunteers, help with the children in the nursery, in addition to the nursery's staff of paid workers. There are 10 women who are employed in child care, and two maids who keep the nursery clean. Volunteers from the women's auxiliary of the hospital also lend assistance.

TIME	ACTIVITY
6:30 to 7:00	Greeting, putting away clothes, toys from home away. Supervised free play.
7:00 to 7:30	Exercising games and songs.
7:30 to 7:45	Religious period.
7:45 to 8:00	Wash hands for breakfast.
8:00 to 8:30	Breakfast—blessing, table manners. Conversation.
8:30 to 9:00	Singing, games, TV, play with educational toys.
* 9:00 to 10:00	Work period with colors, work books.
10:00 to 10:15	Nourishment, juice, milk, etc.
10:15 to 11	Seated reading.
11:00 to 11:45	Story telling by children, songs.
11:45 to 12:00	Prepare for lunch—washing, rest.
12:00	Lunch.
12:30 to 2:30	Nap, rest.
* 2:30 to 3:30	Supervised free play, prepare to go home.
* 3:30 to 4:30	Work period, coloring, etc.
4:30 to 4:45	Prepare for supper.
4:45 to 5:15	Supper.
* 5:15 to 6:00	TV.
6:00 to 6:45	Reading.
6:45 to 7:30	Supervised free play.
7:30 to 8:00	Prepare for bed.
8:00	To bed.
10:45 to 11:15	Parents pick up.

*In summer months this would be outdoor supervised play.

This is a schedule of a typical day in the Memorial Hospital Day Care Nursery. It must be remembered that the nursing shift will change in the afternoon, as will the child care shift.

Below: Santa Claus holds Sammy Wong, whose mother is director of the nursery. Parties on special days are a regular part of the nursery program. While all the "small fry" are being taken care of in the nursery, older brothers and sisters attend classes. The nursery, which is licensed by the Texas Department of Public Welfare, charges \$9 each week for the first child, and \$3 per week for each additional child. From 30 to 35 children attend the nursery.



Low-Income Groups Can Pay Their Own Way

A plan to require low-income patients of a municipal hospital system to have hospitalization coverage that will enable them to pay part of their hospital charges, depending on their ability to do so, has recently gone into effect in Memphis, Tenn. The authors discuss the background of the plan, its philosophy, and the methods of determining how much coverage is expected of the patients, who have formerly often "freeloaded." Note-worthy is the fact that the educational program which preceded the plan's adoption was so successful that it gained the cooperation and editorial support of all the newspapers and radio stations in the area.

ROBERT C. HARDY and RICHARD L. DURBIN

THIS is a preview of an adventure in financing hospital care for the medically needy. The reader of this preliminary report will not be able to learn how successfully the ideas outlined here work because the trip is only beginning. The reason for publishing this information is to give the reader an opportunity to share with us the anticipation, if not the hazards, of the adventure.

The method of financing medical care for low-income groups about to be described carries out a principle formulated and adopted by the Commission on Financing of Hospital Care and stated in Volume III of its 1955 report on "Financing Hospital Care in the United States." That principle, No. 17, is as follows:

"Financial assistance and arrangements for methods of improving hospital care for the low-income groups should encourage their fullest financial participation to reduce the amount of assistance required from tax funds."

There are probably few who dis-

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agree with this principle except perhaps those free-riders on the governmental gravy train who are fearful that it might suddenly screech to a stop. The question which all dispensers of free medical care should consider is what can be done to improve practice of and adherence to Principle 17.

For more than 50 years, the city of Memphis had provided free medical care to persons declared eligible to use the municipal hospital. Until the spring of 1952, patients were placed in two financial classifications: They were either charity patients who paid nothing for their care, or they were charged the full cost of the hospital service rendered them because they were financially able to pay the bill. The number of patients in this latter category was comparatively small; most of them were either emergencies admitted through the receiving ward, patients supported by the National Foundation for Infantile Paralysis or other health agencies, or people connected with the city government or the University of Tennessee Medical Units. The University of Ten-

nessee College of Medicine provides professional service to patients in the municipal hospital.

It was in 1952 that the trustees of the institution, feeling the cramp of rising costs, took a penetrating look at the financial background of the people being served. The result of this evaluation was recognition that there are degrees of medical indigency. Hospital care had become an essential part of the basic needs of each individual and family, ranking with food, clothing and shelter, and the cost of this service was representing an increasing proportion of the take-home pay. For this reason more and more people needed help when medical problems came along. On the other hand, high levels of employment and increasing improvement in the wages of the working group meant that more and more people could pay a portion of the cost of their medical care. Thus the "middle group" or part-pay classification of patients was identified and the policy of charging patients according to their ability to pay was adopted. This policy remained in effect until the new system described in this report

began on November 1. The two factors combined to arrive at a patient's financial classification are his monthly income and the number of persons he must support with this income.

This is a fine policy as far as it goes! On closer examination, and with the experience of five years as a basis for evaluation, we know that it just doesn't go far enough, doesn't quite measure up to the demands of today's job of financing hospital service for the low-income groups. In the search for better results from carrying out this principle of matching charges with income, some shortcomings of the original system were obvious.

PATIENTS FAILED TO PAY

Although the charging policy made effective in 1952 more than doubled the annual revenue of the hospital two years after it was put into operation, many patients apparently able to pay the charges assessed fail to do so. After 50 years of free care, it is difficult for the clientele to get used to the idea of paying.

Because a per diem charge is made to part-pay patients, the financial stress of extended illness is not given the full recognition it deserves.

Patients with large families may get free medical care and other benefits simply because they have more than the average number of dependents. This means that the taxpayer must pay the bill when persons beget large numbers of offspring for whom they are unable to maintain an adequate standard of living.

With these difficulties on the liability side of the ledger, we were obliged to look around for some assets which might be converted into operating capital. No method of charging, democratic as it may be, is successful for the purpose of financing medical care unless the charges levied can be collected and the necessary dollars flow into the till. This thought led naturally to the principal item in our favor:

Twelve per cent of our so-called medically indigent carry hospitalization insurance, which in almost all cases pays more than the charge based on the patient's otherwise financial ability.

We felt that if a system of prepayment could be applied and developed in order to solve the difficulty of collecting hospital bills from part-pay

patients, the policy certainly could be revised to meet the problems of long-term illness and eliminate the inequities of medical care prize packages for those with the biggest families. Such a system could be expected to permit expansion of services to the growing "middle group" without further increase in the use of public funds.

The system we needed was one which would, first of all, get the money in, and second, and in the long view more important, carry out the principle so well stated by the Commission on Financing of Hospital Care, *i.e.*, "encourage the fullest financial participation of the low-income groups in order to reduce the amount of assistance required from tax funds." Actually, these are one and the same objective, for if the system can accomplish the latter goal, the first will be met automatically.

This adventure in financing of medical care for the medically needy carries us down a road which can be identified quite simply:

All users of the municipal hospital facilities of Memphis have been notified that if they are able to pay any portion of the cost of their hospital care, they must carry hospitalization insurance in an amount commensurate with their financial situation.

The next logical question is: How much insurance is that? A scale was devised to show income brackets and insurance requirements based on the benefits the hospital will receive from each type of coverage. This scale is:

INDIVIDUAL OR FAMILY	MONTHLY INCOME	INSURANCE COVERAGE REQUIRED
Individual	Below \$50	Full Charity
	\$50 - \$75	Type A
	\$75 - \$100	Type B
	\$100 - \$200	Type C
Family	Over \$200	Not eligible for admis- sion
	Below \$150	Full Charity
	\$150 - \$175	Type A
	\$175 - \$200	Type B
	\$200 - \$325	Type C
	Over \$325	Not eligible for admis- sion

Specifications of insurance types are:

TYPE	MINI- MUM	ROOM AND BOARD	MISCEL- LANEOUS EXPENSE
	DAYS OF CONFINE- MENT		
A	30	\$3	\$30
B	30	\$5	\$50
C	30	\$8	\$80

The scale and insurance specifications do not tell the entire story. It is perfectly reasonable to ask how these income brackets were determined. The chairman of the board of trustees of the City of Memphis Hospitals, William F. Bowld, proposed that the basis for the entire charging system be made the minimum necessity budget for the average family of four as calculated by the Tennessee State Department of Welfare, and be subject to periodic adjustment.

TYPICAL FAMILY NEEDS \$145-150

Currently, the typical family needs \$145-\$150 each month for food, clothing, shelter and other basic items. Included in this budget is \$8 for "medical incidentals." We know that Type A insurance coverage may be purchased for this average family for about \$3.50 per month. This leaves more than half of the medical care allotment for such expenses as clinic fees, drugs and miscellaneous household medical supplies. The family gets free professional service both in the outpatient department and as inpatients of the City of Memphis Hospitals. When this typical family with an income averaging between \$150 and \$175 per month purchases hospitalization insurance for \$3.50, less than 2.2 per cent of the gross monthly resources is spent for this purpose. The scale is so devised that monthly insurance premiums will range from 2 to 4 per cent of the family's gross income.

The low-income groups are unable to carry sufficient insurance to pay the entire hospital bill, and this will not be expected of them. Using this typical family mentioned as an example, when a member of this group is hospitalized, his insurance will pay about 37 per cent of the cost of his care. The per diem cost at John Gaston Hospital is \$16.50; Type A insurance will pay average benefits of \$6 per day. Thus the patient remains a part-pay patient. Only the method by which he pays his portion of the cost of his care is changed.

In order that as many people as possible might respond to this new policy of charges, we sought the support of Blue Cross and the 125 commercial insurance companies located in Memphis. It is probably unnecessary to report that their cooperation was freely and enthusiastically given to the program. The hospital has no desire to go into the insurance busi-

ness. We feel that this job can be accomplished best by private enterprise.

The first announcement of this new policy came on July 3 with details regarding the classification schedule published in the *Memphis Commercial Appeal* on August 1. Between these dates by letter and by personal visit, the insurance companies of Memphis were made aware of the program and encouraged to put on a three-month campaign to cover all eligible users of the John Gaston Hospital and Gailor Clinic. We are hopeful of a high degree of success in this undertaking, but of course, there will be a few who will not take this obligation seriously. In such instances, when patients do not purchase the insurance they are expected to have, they will be charged the full cost of their care.

It is not necessary to examine this plan thoroughly to note that its ingredients are common to the present hospital world. Its principles are basic, American ideas of equity and the system of carrying out these principles makes use of already established and proven facilities for prepayment. The absence of true innovation is, we feel, one of the important factors which gives this plan its probability of success.

In working with the many insurance companies and plans available to meet the needs of this system, we found that the variety of coverage combinations was virtually unlimited so there was no difficulty in assuring that the specifications for protection commensurate with the lowest income bracket could and would be met. Getting Type A insurance is not a problem, for many insurance firms write low premium policies for persons unable to afford complete protection. This is one more practical situation which allowed the plan to be devised.

Once the plan had been developed and approved it was necessary to get the word out to the patients and potential users of the hospital. The newspaper announcement began the publicity campaign and gave notice of the grace period about to begin. The details of financial classification, published on August 1, were released purposely on that date in order to kick off the three-month "buy your insurance" season. This, we felt, was sufficient notice so that no one could say honestly, come November 1, that he did not know about this change.

In the outpatient department, cards

POSTER USED IN HOSPITAL

To All Users of John Gaston Hospital
and Gailor Clinic

IMPORTANT

Beginning November 1, 1957, all patients admitted to John Gaston Hospital must carry hospitalization insurance if their monthly income is more than:

Fifty dollars (\$50.00) if a single person
with no dependents
One hundred and fifty dollars (\$150.00)
if a family of two or more

Insurance coverage required by the hospital is based on your monthly income. The more income you and your family have, the more insurance you will be required to carry.

You have the months of August, September and October during which to arrange for adequate insurance coverage. If hospitalization insurance is offered where you work, join the group plan there. If it is not offered by your employer, see your insurance agent now so that you may meet these new requirements in case you need to be hospitalized.

DON'T WAIT!

DO IT TODAY!

No visitor to the waiting rooms of the hospital and clinic could miss the large posters that explained the new policy regarding insurance.

explaining the new requirements were given to each patient visiting the clinic. Large, curb-yellow posters printed with black letters the size of the first line on an eye test chart were placed in the waiting rooms of the hospitals and clinics. Spot announcements over the radio and recorded interviews were broadcast. The commissioner and the administrator participated in a radio forum answering questions about the plan. Since 85 per cent of patients admitted to John Gaston Hospital are Negro, the programs were put on in the two stations which serve the mid-South Negro community. The new system was also promoted over a Memphis television station, Channel 13, in daily one-minute announcements.

By the end of the first month, August, the response of the public seemed reasonably good but certainly difficult to measure. To make sure that everyone learned about the change of policy, we started daily newspaper displays which told the number of days remaining before the plan went into effect and reminded the people to join the group plan where they work or to see their insurance agent.

The unanimous support of the program given by three newspapers was tremendously encouraging. In the first editorial which appeared on the fourth of July, the day after the initial announcement of the system, the *Memphis Commercial Appeal* summed up its comments by stating:

"All this makes sense from the taxpayers' viewpoint. Any equitable plan

which discourages the easy riders and freeloaders in public institutions is worth trying."

The evening paper, the *Memphis Press Scimitar*, in an editorial headed "New John Gaston Plan Is Fair and Right" said:

"Memphis will always provide a free ride for those who really deserve a free ride. Certain others are just going to have to recognize that they, too, must have some community responsibility."

The most gratifying reaction was that of a columnist for the *Tri-State Defender*, a semiweekly newspaper serving the mid-South Negro. Nat Williams endorsed the idea by writing:

"Now somebody's going to kick sure as you're born. Some folk don't feel they should be expected to pay their way, when there's a chance to mooch. Gangs of folk feel the world owes them a living. Too many colored folk have been observed riding up to the John Gaston Hospital in late model cars for a couple of dollars worth of treatment. Somebody's got the idea that if Negroes can meet those high car notes, they should be able to pay comparatively low hospitalization insurance rates.

"Out of this hospitalization insurance requirement, an important segment of the Memphis Negro population will be given a direct lesson in grownup responsibilities. More of 'your folks' will learn how necessary it is to read every word written on the policies they receive. There'll be fewer collections taken up in churches anxious to help some unfortunate member. Fewer folk will indulge in the traditional 'dodging the insurance man.' Insurance will take on a clearer meaning to most folk. And finally, there ought to be an increase in self-respect . . . in many quarters. Now whatchabut!"

The John Gaston Hospital is a medium size general institution (567 beds) in a medium size city (470,000 population) and has all of the problems of any municipal hospital in a normally healthy, growing community. It also has the job of functioning as the teaching facility for the medical school with the largest enrollment in the United States, the University of Tennessee. With its location in the hub of the mid-South, it serves to some degree patients in the tri-state area of Tennessee, Mississippi and Arkansas. The clinic load averages about 600 patients per day, and there are approxi-

mately 22,000 admissions to the hospital annually. The obstetrical service ranks in the top 10 in volume of deliveries per year, approximately 7000. Perhaps these few statistics will tell the reader something of the nature of this operation and the kind of financial problems which might be expected in this type of hospital. It should not be assumed, however, that the plan outlined in this report is feasible only in hospitals of similar description. Wherever a political subdivision has the problem of providing or purchasing care for medically needy people, this system might be considered.

In all of the publicity connected with this change in the method of classifying and charging city hospital patients, we have tried to place the emphasis on the insurance method as the easiest way for the patient to pay his hospital bill. To be sure, he has the alternative of paying the cost of his care by digging into his pocket, but we know that most of those who use John Gaston Hospital have great difficulty meeting their obligations this way. Therefore, we are now saying to our patients, "Buy the coverage the hospital recommends that you have and you need not worry about having an additional hospital bill to pay. Use this easy, pay-as-you-go method and your privileges at the hospital and the clinic are assured."

Two features of the program which should prove attractive to the patient and stimulate him to obtain insurance coverage are:

He will get free care after the insurance company has ceased to pay, in the event his illness requires hospitalization beyond the minimum 30 day benefit period.

He will receive no hospital bill should the insurance company fail to pay because of an illness which predates his policy.

These features are possible only because we are serving the middle group, part-pay patient and certainly would not apply to private patients. They make sense in this situation because the patient's income, under this plan, is matched with his ability to pay monthly insurance premiums. The premiums are, of course, tied to and commensurate with the benefits which accrue to the hospital. Thus when a patient has purchased the amount of insurance he can afford, he has discharged his obligation to the city government which is helping to care for

him. The taxpayer pays for the unpaid portion of hospital cost.

The principle of making no additional charges in case of extended illness is easily understood for that is when the patient is in greatest need of assistance. Perhaps, however, the idea of underwriting preexisting illness is not so obviously sound. The thought which prompted this aspect of the plan was this: We know that most people who carry insurance have a medical history which may rule out benefits in case the same illness recurs. We do not want those covered under this system to drop their insurance protection the first time it does not pay off. We feel that this would probably happen if we made a charge when preexisting illness precluded payment by the insurance company. It is important that each patient maintain his insurance to cover those conditions, injuries or illness which do not predate his insurance policy. For example, a patient with a preexisting heart condition may be the victim of an automobile accident and require admission as a surgery or orthopedic patient, in which case his insurance would take care of his hospital expense. Of course, as the program develops and more people in the younger age groups can be covered by prepayment plans, the problems coupled with preexisting illness will gradually decrease.

As hospital costs increase, those on the lowest level of the economic scale are not affected because free medical care is available to them regardless of cost. The quality of that medical care improves as scientific medicine advances and the charity patient has the advantage of these improvements. The rich man has never had to be concerned about adequate medical service because he has always purchased the best that money can buy. It's the man in the middle who is handicapped most by the financial strain accompanying illness. The number joining this middle group increases with the rising proportion of the income that scientific medical service claims.

This is the citizen who really needs help . . . the one who has made a conscientious effort to make it on his own but whose financial resources will not quite cover the quality and amount of medical care he needs. This new charging system is designed to recognize the financial difficulties faced by the "man in the middle" and to make available to him the amount of help he needs after he has put forth a reasonable effort to help himself.

POLICY HAS CHANGED

As previously mentioned, the number in the family originally affected the charge made for hospital care. Since November 1, the hospital no longer has adhered to the philosophy of considering a large family sufficient reason to receive hospital care paid for by the taxes of people who "couldn't afford a large family." In personal income tax, this principle is used but it is a principle contrary to general conditions faced by people a bit higher on the economic scale. The paying patient must be responsible for the full cost of the medical care for all members of his family. When the number in the family goes up, so do his medical care bills (and all of his other expenses). That is life, and the assumption of personal responsibility will not be stimulated until conditions are such that life must be squarely faced.

The City of Memphis Hospitals includes a unit for private patients, the E. H. Crump Memorial Hospital. Persons admitted to this unit must be able to pay their own way. We think that this emphasis on the need for insurance in the John Gaston Hospital may demonstrate to patients accustomed to using the charity hospital

NEWSPAPER PUBLICITY

58

days remain before the new policy affecting part-pay patients begins at

John Gaston Hospital

If you are able to pay any portion of the cost of your care, you will need hospitalization insurance by Nov. 1st. Join the group plan where you work or see your insurance agent. Protect your privileges at the hospital and

Gaior Clinic

Announcement carried daily in Memphis newspapers in August and September explains the new policy of hospital and clinic.

that private care is within their reach and it is desirable. Since many medical service plans have surgical benefits and are quite comprehensive in their coverage, it will not take much more

effort on the part of the patient to elevate himself from the classification of a part-pay patient to that of a private patient. If this happens, the trend toward socialization of medicine

will have reversed itself in this small way. To "desocialize" medicine in this particular fashion tends to push the practice of medicine back into the area of the private practitioner where it belongs.

Aside from the philosophical changes we have mentioned, this adventure should produce some tangible and practical results. The dollar volume of revenue is expected to increase and the difficulty of collection of this revenue should decrease. The job of collection will be shifted to the insurance companies which will gather the hospital's revenue in advance in the form of insurance premiums. In 1951, the hospital collected approximately 15 cents for each dollar of expense. This year that ratio will be 30 cents to the dollar. We believe that the potential revenue of the institution is perhaps 50 cents for each expense dollar, but only experience will produce this answer. How much improvement will be made in the current 12 per cent insurance coverage rate can only be reported when this expedition returns to base and the results of the trip are analyzed.

These Questions Help Patients Evaluate the Benefits of Hospital Insurance Policies

AT OLNEY, ILL., potential purchasers of individual hospitalization insurance policies may obtain a 12 question form from Richland Memorial Hospital that will help them evaluate the various types of policies offered.

According to Administrator Alan B. Campbell, the form was devised to minimize the misunderstanding that develops among policyholder, insurance company, and hospital at the time a claim is presented for payment. The hospital does not tell the potential holder how much he should spend for insurance or what kind of benefits he should look for.

"We are trying through the use of these questions to impress upon him the necessity of fully understanding what he is getting when he pays his premium," Mr. Campbell said.

The hospital has no systematic method of distributing the forms. They are merely kept on hand so that when there are inquiries concerning the merits of one insurance policy as against another, the inquirer can be given the form to help make his own decision.

About 10 to 15 copies of the mimeographed questions are distributed each week, according to the administrator.

ASK THESE QUESTIONS

The form includes these 12 questions for evaluating an individual hospitalization insurance policy:

1. Can the policy be canceled or the coverage reduced at the option of the company or at a specified age of the insured?

2. Are the benefits and exceptions clearly stated in the policy?

3. Does the policy provide for payment of all or a substantial portion of your hospital bill should you become a patient?

4. Will the company honor claims on the basis of the hospital's routine billing form without requesting addi-

tional breakdown of the account? If additional breakdown is requested, will the company or the insured pay the hospital, in advance, its regular established fees for providing this additional information?

5. Do you know the agent who has approached you for the purpose of selling hospitalization insurance, and do you know that the company he represents is reliable?

6. Have you investigated thoroughly to determine whether a local insurance agent whom you know and can trust could provide a similar policy at the same cost?

7. Is the policy assignable and is it acceptable to the local hospital on an assignment basis?

8. If more than routine medical information is requested from the hospital before considering the claim, will the company pay the hospital its usual fee for providing the additional information?

IS THERE A WAITING PERIOD?

9. Is there a waiting period before benefits become available for confinements other than maternity?

10. Are the miscellaneous benefits (other than room allowance) available as needed for any hospital service or are they allocated specifically by dollar amount to x-ray, laboratory, drugs, and so on?

11. Will the policy cover pre-existing conditions and, if not, are the disallowable preexisting conditions clearly stated in the policy?

12. Will the policy cover repeat admissions for the same chronic illness or will the company attach a rider excluding coverage for this specific chronic illness after paying one or more claims?

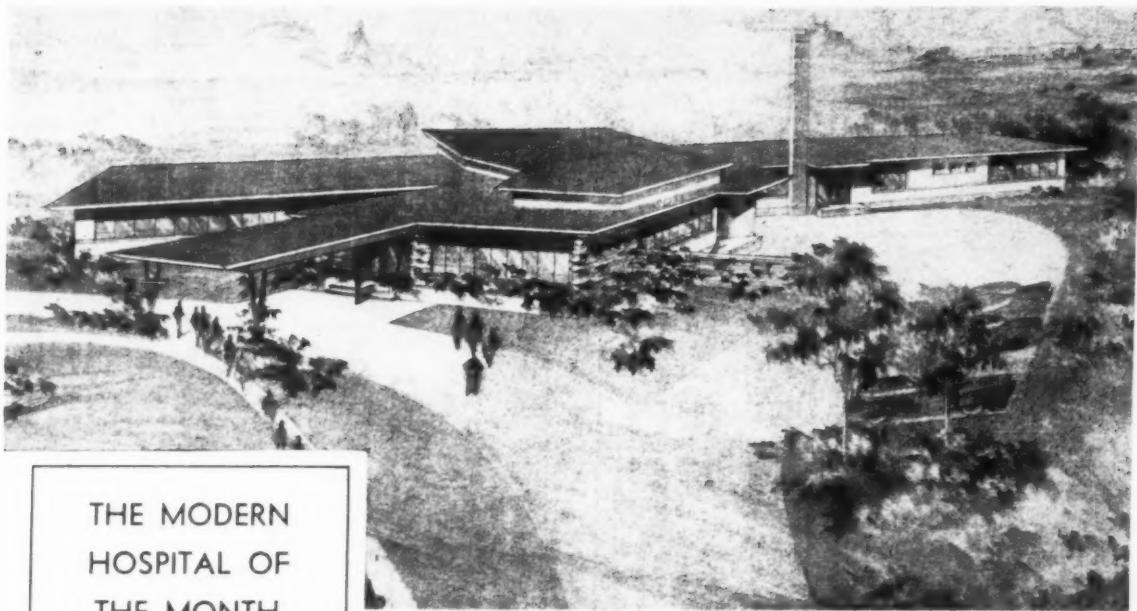
The form concludes with the statement that the hospital does not express any preconceived opinions as to whether the answers to the questions should ideally be negative or affirmative.

RECOMMENDATIONS OF STUDY

The report of the North Carolina Study included in Volume I of Financing Hospital Care in the United States made several recommendations for financing hospital care for low-income, "medically needy" and non-wage groups. Number 6 was:

"There are many families in North Carolina whose income is sufficient to enable them to meet their week-to-week expenses, but who are unable to pay for all of their hospitalization. They can, however, pay for part of it. Prepayment programs should be brought within the reach of the people in this low-income, though generally not indigent, group. This should, if possible, be done without restriction of the scope or amount of hospital care protection made available to this group. The committee has not been able to study this sufficiently to make a detailed recommendation as to how such a program should be developed. However, it recommends this aspect as a subject for study and exploration."

We hope that our adventure in financing of hospital care for the medically needy will achieve the objective which the North Carolina Study Committee sought as a practical approach to providing medical care for the "man in the middle."



THE MODERN
HOSPITAL OF
THE MONTH

Artist's rendering of I. W. Allen Hospital, Moab, Utah, shows protective canopy for driveway and area near main entry. The hospital is constructed of light brick with gray-green trim to contrast with red clay of the surrounding area.

Hospital Harmonizes With Climate and Site

Site and climate were considered in planning this structure which is oriented to take advantage of prevailing winds and constructed to harmonize with the red cliffs in the vicinity

JOHN B. FETZER

A LOCATION where summer temperatures sometimes reach 110° F has dictated a number of design features in the 36 bed I. W. Allen Hospital at Moab, Utah, which was opened to the public early in 1957.

These features include: louvers placed on every window, air conditioning throughout the building with individual controls in every room, orientation of the building to take advantage of the north-south prevailing wind in the valley, and a roof insulated with 3 inches of vermiculite insulating concrete and 1 inch of fiber insulation.

Because of the predominance of red in the rocky cliffs of the Moab area it was decided that the light gray

Mr. Fetzer is a member of the firm of Fetzer & Fetzer, architects, Salt Lake City, who designed the hospital. Administrator of the hospital is Darrell A. Bingham.

OUTLINE OF CONSTRUCTION COSTS

Total construction cost	\$469,461.00*
No. of beds	36 (expandable to 50)
Cost per bed	\$16,688.00
Total square feet	23,980
Square feet per bed	666
Cost per square foot	\$19.61
Total cubic feet	362,080
Cubic feet per bed	10,060
Cost per cubic foot	\$1.30

*Total project cost including Group I, II and III equipment, site and site preparation, \$600,780.

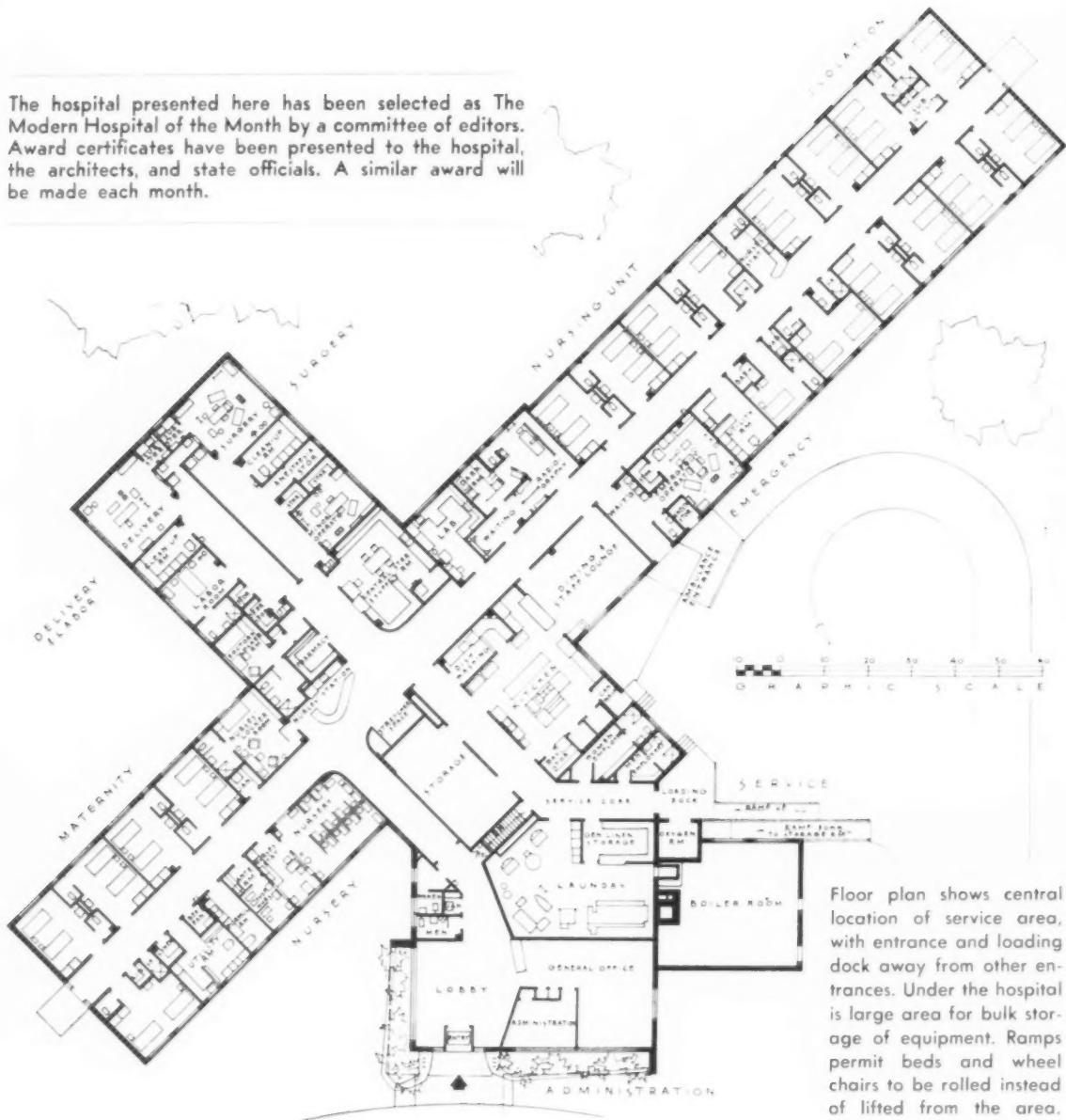
brick used in the exterior of the building would be a harmonizing contrast.

The hospital is situated on the outskirts of Moab to eliminate traffic noises, yet it is close enough to enable employees to walk to work if they wish. It is placed 50 feet back on the lot to allow widening of the street to 100 feet without interfering with the

functional operation of the hospital. The building is constructed on one floor, eliminating elevators and fire escapes. Underneath the hospital is a large area for bulk storage, provided with ramps to the main level.

A good sized driveway allows cars to drive right up to the front door under a protecting canopy and two

The hospital presented here has been selected as The Modern Hospital of the Month by a committee of editors. Award certificates have been presented to the hospital, the architects, and state officials. A similar award will be made each month.



separate parking areas are provided: one for doctors, nurses and service personnel and another for visitors.

The building is fireproof with concrete floors, masonry walls, and steel ceiling joists. All concrete floors are suspended, with a space of 3 to 4 feet left under the building for the necessary piping and conduits. There is no hidden piping.

A central nursing station that will enable a single nurse to cover both the maternity and the surgical nursing wings during the night is a feature. The central sterile supply room is also central to obstetrics, surgery and emergency operating rooms.

Every bedroom has an adjoining toilet. Oxygen and vacuum outlets have been provided in every room requiring such facilities. In addition, each bedroom is provided with television, telephone and motorized bed outlets. Doors have floor opening closers throughout.

Every room is distinctively designed with pastel tints predominating. Violent color schemes were avoided so as not to upset patients who aren't feeling well. In consideration of light-reflection percentages a minimum of white was used. Even the curtains separating the cubicles are pastel tints, as are the bedcovers. The color of

the furniture is uniform throughout the hospital.

Since the operating rooms do not require natural light, surgery rooms were placed to cut out the light while the bedrooms were placed to obtain the maximum amount. Humidity regulating units were installed in the operating rooms, nursery and emergency operating rooms to overcome the comparatively dry climate. All operating room floors are of terrazzo and outlets are explosionproof.

The nurses' call system is both audible and visible, permitting the nurse to talk or listen to the patient in any bed in the hospital. This sys-



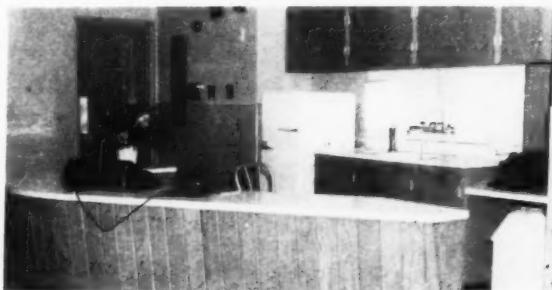
Main lobby of I. W. Allen Hospital. Nursery is near this lobby, so that babies can be viewed without visitors walking through hospital. There is a waiting room near the ambulance entrance for relatives of emergency patients.



Administrative and general offices are connected to main lobby. Offices and service facilities are equipped for future expansion to 50 beds. Patients' rooms can be added at end of either the surgical wing or the maternity wing.



Every patient room has an outlet for television, and special outlets for telephones were installed for motorized beds. Rooms have individual temperature and air conditioning controls. Pastel tints are used throughout rooms.



Nurses' station is centrally located to cover maternity and surgical areas. Restroom and other facilities are near by, so that nurses need not leave the station for any length of time. A board for doctors' call system is located here.



Dining area and staff lounge is a multipurpose room that can be used for meetings of staff, dining for personnel. This area adjoins the hospital kitchen, which includes separate rooms for washing dirty dishes and garbage cans.



Laboratory shown here is adjacent to x-ray and radiography rooms. Central sterilization and supply also are near by. Radiography room walls and doors are lined with lead so that x-rays cannot penetrate into other sections.

tem can be used from the central nurses' station or from the substation at the end of the surgical wing. Several outlets in the hallway permit nurses to answer calls without returning to the station.

The isolation ward at the end of the surgical wing has two rooms, each with its own toilet, shower and utility room for sterilizing so that it can be operated as a separate unit entirely away from other parts of the hospital but still within the nursing area.

A gasoline driven stand-by power

unit automatically will cut in when power fails; the unit is of sufficient size to carry the entire emergency load.

Heat will be furnished by natural gas but the system is designed to handle both gas and oil.

Service, operating and diagnostic facilities have been designed to accommodate the ultimate capacity of 50 beds.

The service wing, though centrally located, is placed so that patients or guests need not travel through the service corridor to get to other parts of the hospital.

A water softener is installed for water requiring softening and two temperatures of hot water are available. Because of the water shortage in Moab, the water from the air conditioner will be reused in the laundry room or in the care of the grounds.

The kitchen was designed according to government specifications and the services of a restaurant designer were retained. Dirty dishes are not permitted in the kitchen area but go to a separate room for washing. There is a room for washing garbage cans.

Punch Card System Splits Charges Between Patients and Their Third-Party Guarantors

FRANK R. BRADLEY, M.D., C. O. VERMILLION, M.D., and WILLIAM ANDERSON

FOR many years at Barnes Hospital, St. Louis, patients' accounts receivable have been posted daily by use of punched card equipment. This system as well as other hospital applications of punched card equipment have been described previously in *The MODERN HOSPITAL* by Bradley and Anderson.* By this means it is even possible to separate the charges according to those that are covered by the standard Blue Cross Plan and those the patient owes. Recently we have introduced a further modification so the charges can be correctly split between the patient and any other guarantor, such as various types of Blue Cross coverage, commercial insurance, or other third-party guarantor.

The posting of patients' ledgers by punched card equipment begins with the preparation of a punched card for each transaction to be posted. Such card carries identification of the patient, the service rendered, and the charge for that service.

The first two items are entered by code, patient identification being by registration number, and service rendered being by a two-digit code system for the different classes of service. In actual operation the source documents for charges are already separated by class of service. Thus the card need only be individually punched for patient identification and charge for the service. The entire group for each class of service is then gang punched. When

the charge is uniform for a certain service, this can also be gang punched, and only patient identification need be individually punched in the cards.

After cards have been prepared for all charges and credits, they are sorted by classes and listed by machine with a total for each class. This is the summary for the cash and sales journals. After this the cards are resorted by machine into patient registration number order and merged with a balance forward card for each patient. This deck of cards is then used to prepare a listing of the balance forward for each patient, all transactions of that day, and the new balance forward, which is calculated by the machine at the same time the listing is prepared.

In the same operation a second machine prepares a new balance forward card for each patient which is saved for the next day's operation. The listing of transactions that has been prepared in this way is actually a special transfer posting paper. This entire listing is used on another machine that transfers the transactions for each patient to the patient's individual ledger.

USE TWO CONTROL DECKS

The separation of charges between Blue Cross and the patient is accomplished by two decks of control cards: One deck identifies the patients who have Blue Cross coverage, the second identifies the classes of service covered by the Blue Cross Plan. After the charges for the day have been sorted in order of patient registration number they are matched with the first control deck to obtain the cards for those

patients who have Blue Cross coverage. Matching these against the second control deck determines the services covered by Blue Cross insurance. This entire group is gang punched with one control punch.

When the transfer posting run is prepared, this control punch causes the machine to print such charges in the Blue Cross column of the listing while all other charges are printed in the patient's column as these cards have been merged with all the other transaction cards. Separate totals of these columns are obtained for each patient who has such coverage.

The system as described here was most satisfactory until we began to encounter several patients with Blue Cross coverage different from our standard plan. At that time we developed a control deck for the classes of service of this second type of coverage and a control deck for those patients with this second type of coverage. Thus, matching the transaction cards for each day with these two decks would also split the charges correctly between Blue Cross and patient for this second plan. This, however, did increase the work by the extra matching procedures required. We soon found that the great variety of Blue Cross coverages made it impractical to separate correctly the accounts on many of our patients. Naturally a control deck indicating the covered services could be developed for each separate plan, but the multiple matchings required in this way made such an operation impractical. Furthermore, we wished to separate charges between patient and other guarantor for certain

*Bradley, F. R., and Anderson, W. A.: Punch Card Accounting, *Mod. Hosp.* 75:66 (July) 1950.

Dr. Bradley is director of Barnes Hospital, St. Louis; Dr. Vermillion is associate director, and Mr. Anderson is controller.

HOW CHARGES ARE DIVIDED BETWEEN PATIENTS AND GUARANTORS

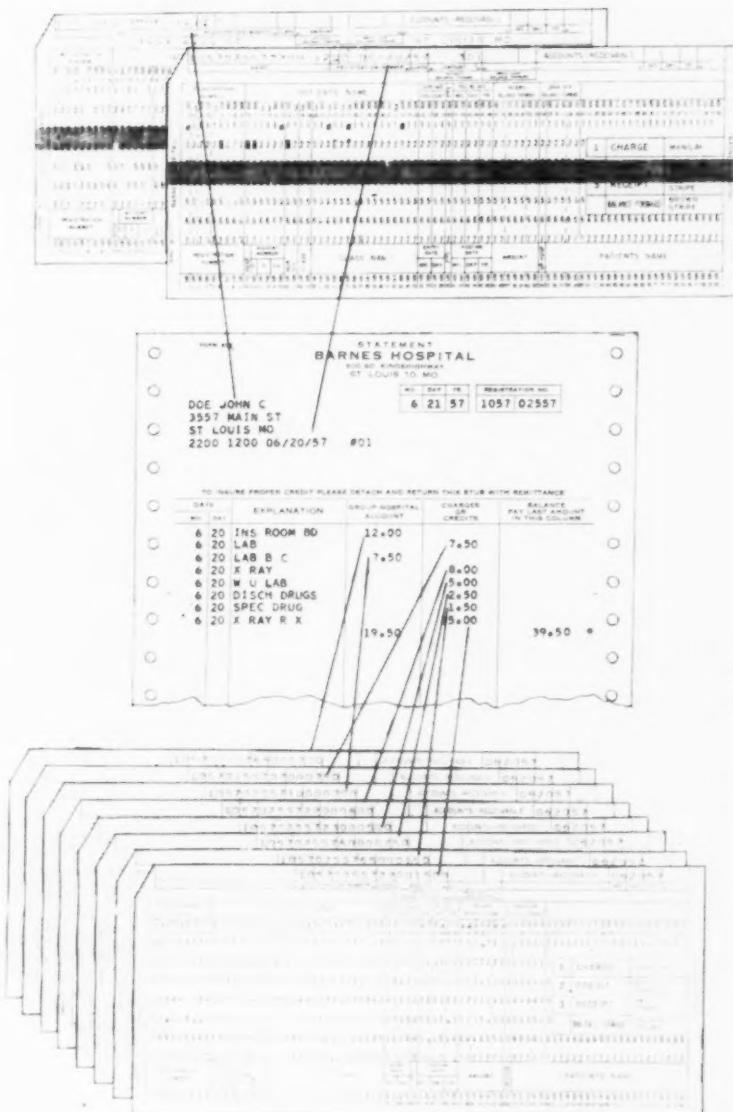
Itemized statement to patients shows what patient is supposed to pay and what is charged to Blue Cross, commercial insurance, or other third-party guarantor. Each patient has a registration number and is identified at the time of admission by type of insurance coverage. This is punched by code into the patient's statistics card. Lines from punch cards to bill show source of each item and division of charges.

commercial insurance plans that used a standard claim form which guaranteed payment and for various other third-party guarantors, such as compensation carriers, union welfare plans, and so forth.

The approach was to develop a chart which showed the services covered for each of the different third-party guarantors. The first application was for 10 different types of coverage. Six of these were Blue Cross plans, while the others included various types of standard commercial insurance, governmental agencies, union welfare plans, and one for our own employes' discount policy. We then prepared an insurance coverage control deck of cards. Each card was punched with insurance plan number and class of service which was covered with a separate card for each covered service in each of the different plans.

In order to apply this one control deck with various insurance coverages to each day's transactions, it is necessary that the transaction cards be identified by type of insurance coverage. An already existing patients' statistics card carried coding for type of insurance coverage. Although this was somewhat different from the coverage plans worked out for this specific application, it was easily revised to identify these plans. Thus each patient is identified at the time of admission by type of insurance coverage. This is punched by code into the statistics card for the patient.

When the transaction cards for a day are sorted into patient registration number order, they are matched against the control patients' statistics cards



and are merged in this same operation. The cards for those classes of service that do not have coverage for any of our insurance plans are discarded before this operation. An example would be such items as telephone, television and so on. By means of interspersed gang punching with a reproducer, the insurance plan which appears in the patient's statistics card is reproduced in all transaction cards of the day for that patient. Thus the transaction cards for patients with insurance coverage now contain patient identification, insurance plan identification, class of service, and amount of charge. All such insurance cards are sorted into major order of insurance plan and into minor

order of class of service within each plan. The master insurance control deck is in this same order.

Matching these two decks with a collator separates any service which is covered under the specific insurance plan of each patient. All of these cards are gang punched with the one control as described heretofore. In the same way as in the previous application, this control causes such transactions to be posted in the insurance column of the patient's ledger. By this means, charges are correctly split for as many different third-party guarantors as there are coverage cards in the control deck.

One great advantage of this application is that additional plans of cover-

STATEMENT
BARNES HOSPITAL
1000 N. KINGSBURY ST.
ST. LOUIS 10, MO.

DOE JOHN C
3557 MAIN ST
ST. LOUIS MO
2200 1200 06/20/57 402

6 21 57 1057 02557

STANDARD ST. L BLUE CROSS

TO INSURE PROPER CREDIT PLEASE DETACH AND RETURN THIS STATEMENT WITH REMITTANCE

DATE	EXPLANATION	INSURANCE ACCOUNT	PATIENT CHARGES	PATIENT DUE PAYMENT DUE PAYMENT DUE PAYMENT
6 20	INS ROOM RD	12.00		
6 20	LAB	7.50		
6 20	LAB B C	7.50		
6 20	X RAY	8.00		
6 20	W U LAB	5.00		
6 20	DISCH DRUGS	2.50		
6 20	SPEC DRUG	1.50		
6 20	X RAY R X	15.00		
		19.50	39.50	

STATEMENT
BARNES HOSPITAL
1000 N. KINGSBURY ST.
ST. LOUIS 10, MO.

DOE JOHN C
3557 MAIN ST
ST. LOUIS MO
2200 1200 06/20/57 402

6 21 57 1057 02557

ST. L BLUE CROSS AND BLUE SHIELD

TO INSURE PROPER CREDIT PLEASE DETACH AND RETURN THIS STATEMENT WITH REMITTANCE

DATE	EXPLANATION	INSURANCE ACCOUNT	PATIENT CHARGES	PATIENT DUE PAYMENT DUE PAYMENT DUE PAYMENT
6 20	INS ROOM RD	12.00		
6 20	LAB	7.50		
6 20	LAB B C	7.50		
6 20	X RAY	8.00		
6 20	W U LAB	5.00		
6 20	DISCH DRUGS	2.50		
6 20	SPEC DRUG	1.50		
6 20	X RAY R X	15.00		
		59.00	4.00	

STATEMENT
BARNES HOSPITAL
1000 N. KINGSBURY ST.
ST. LOUIS 10, MO.

DOE JOHN C
3557 MAIN ST
ST. LOUIS MO
2200 1200 06/20/57 402

6 21 57 1057 02557

ST. L BLUE CROSS SERIES 50

TO INSURE PROPER CREDIT PLEASE DETACH AND RETURN THIS STATEMENT WITH REMITTANCE

DATE	EXPLANATION	INSURANCE ACCOUNT	PATIENT CHARGES	PATIENT DUE PAYMENT DUE PAYMENT DUE PAYMENT
6 20	INS ROOM RD	12.00		
6 20	LAB	7.50		
6 20	LAB B C	7.50		
6 20	X RAY	8.00		
6 20	W U LAB	5.00		
6 20	DISCH DRUGS	2.50		
6 20	SPEC DRUG	1.50		
6 20	X RAY R X	15.00		
		55.00	4.00	

STATEMENT
BARNES HOSPITAL
1000 N. KINGSBURY ST.
ST. LOUIS 10, MO.

DOE JOHN C
3557 MAIN ST
ST. LOUIS MO
2200 1200 06/20/57 402

6 21 57 1057 02557

ST. L BLUE CROSS SERIES 51

TO INSURE PROPER CREDIT PLEASE DETACH AND RETURN THIS STATEMENT WITH REMITTANCE

DATE	EXPLANATION	INSURANCE ACCOUNT	PATIENT CHARGES	PATIENT DUE PAYMENT DUE PAYMENT DUE PAYMENT
6 20	INS ROOM RD	12.00		
6 20	LAB	7.50		
6 20	LAB B C	7.50		
6 20	X RAY	8.00		
6 20	W U LAB	5.00		
6 20	DISCH DRUGS	2.50		
6 20	SPEC DRUG	1.50		
6 20	X RAY R X	15.00		
		35.00	24.00	

STATEMENT
BARNES HOSPITAL
1000 N. KINGSBURY ST.
ST. LOUIS 10, MO.

DOE JOHN C
3557 MAIN ST
ST. LOUIS MO
2200 1200 06/20/57 402

6 21 57 1057 02557

CHICAGO BLUE CROSS COOPERATIVE

TO INSURE PROPER CREDIT PLEASE DETACH AND RETURN THIS STATEMENT WITH REMITTANCE

DATE	EXPLANATION	INSURANCE ACCOUNT	PATIENT CHARGES	PATIENT DUE PAYMENT DUE PAYMENT DUE PAYMENT
6 20	INS ROOM RD	12.00		
6 20	LAB	7.50		
6 20	X RAY	8.00		
6 20	W U LAB	5.00		
6 20	DISCH DRUGS	2.50		
6 20	SPEC DRUG	1.50		
6 20	X RAY R X	15.00		
6 20	CO OP CHG	1.50		
6 20	CO CHG	1.50		
		32.00	27.00	

age can be incorporated without adding any appreciable amount of work to the system for handling each day's charges. To add an additional type of coverage it is necessary only to prepare a card for each class of service covered under the new plan and to add these cards to the already existing insurance control deck. We have added control decks for coverages other than our original ones and plan to add still more whenever experience indicates that we admit sufficient patients with a new insurance plan or guarantor to warrant preparation of a control deck for these.

If the coverage of some plan is identical with that of an existing plan except for one service, it is advantageous to develop a separate control deck for this additional plan. By this means we now have charges correctly split between patient and other guarantor on nearly all of our third-party accounts.

The only exception within this group is that our standard Blue Cross and Blue Shield Plans cover certain services with a dollar limit upon the specific service. In these instances the charges for such services are printed in the insurance column but are identified by an asterisk which indicates that a portion thereof may not be covered. Such accounts are individually figured at the time of discharge with a transfer of amount from the insurance column to the patient column being made to correct the separation between insurance and patient.

A machine system for separating these charges could be developed but has not been felt to be practical because of the complexity of such coverage. For example: One service is covered in part for each time that it occurs but with also a total dollar limit on the amount of coverage during the period of hospitalization.

Certain services are consistent in their split between patient and insurance coverage; such services are room allowances under almost all of our plans and certain laboratory procedures under some of our Blue Cross plans. In these instances the total charge is

Bills in column at left show itemized charges produced by punch cards from patients' accounts showing how bill is divided between patient and Blue Cross to conform with various Blue Cross contract benefit schedules.

posted as two items, one in the patient column and one in the insurance column. This can be done with either of two technics. A room charge of \$20 with \$16 insurance coverage can be posted as a single entry of "Room" with \$16 in the insurance column and \$4 in the patient column. We find it more easily understood at present if this is posted as two separate entries: "Insurance room" with \$16 shown in the insurance column and "Room balance" with \$4 shown in the patient column.

When there is a cooperative charge or special group charge to the patient, we have found it advisable to show such charge daily in the patient column with a separate offsetting credit in the insurance column.

In order to demonstrate the value of this system we selected certain charges such as x-ray therapy, special laboratory procedures, electroencephalogram and so on, which are extremely variable in their coverage by different guarantors. With only seven such charges we prepared a statement for each of our original 10 guarantor plans. The same charges for only seven services were split in 10 different ways so the patient would owe us 10 different balances depending on the type of third-party guarantor.

This change was a natural expansion of the application for patient's accounts receivable that had been in effect for several years. It was made necessary by the advent of various types of insurance plans in sufficient volume to warrant their inclusion in the system we have been using for the conventional Blue Cross patient. It is now practical to process these varied types of insurance plans in much the same manner as the standard Blue Cross Plan because the punched card equipment adapts itself readily to such changes.

However, we do not believe this is the final or perfected method as new data processing equipment that has already been developed but is not yet available has opened up an entirely new field for accumulating and preparing records.

Bills in column at right show the division of charges between the patient and other third-party guarantors, i.e. insurance companies, public aid commission, and (shown at bottom) charges that are written off for charity.

STATEMENT
BARNES HOSPITAL
BROADWAY AND KINGWOOD
ST. LOUIS 10, MO.

REG. DATE 6-21-57 REGISTRATION NO. 1057-02557

DOE, JOHN C.
3557 MAIN ST.
ST. LOUIS MO.
2200 1200 06/20/57 #80

CHICAGO BLUE CROSS COMPREHENSIVE

TO INSURE PROPER CREDIT PLEASE DETACH AND RETURN THIS STATEMENT WITH REMITTANCE

DATE	EXPLANATION	INSURANCE AMOUNT	PATIENT CHARGES	BALANCE PAID BY PATIENT AMOUNT IN THIS COLUMN
6-20	INS. ROOM BD	12.00		
6-20	LAB	16.00		
6-20	X RAY	6.00		
6-20	W U LAB	5.00		
6-20	DISCH DRUGS	2.50		
6-20	SPEC DRUG	1.50		
6-20	X RAY R X	6.00		
				56.50
				2.50
				54.00

STATEMENT
BARNES HOSPITAL
BROADWAY AND KINGWOOD
ST. LOUIS 10, MO.

REG. DATE 6-21-57 REGISTRATION NO. 1057-02557

DOE, JOHN C.
3557 MAIN ST.
ST. LOUIS MO.
2200 1200 06/20/57 #80

STANDARD FORM COMMERCIAL INSURANCE

TO INSURE PROPER CREDIT PLEASE DETACH AND RETURN THIS STATEMENT WITH REMITTANCE

DATE	EXPLANATION	INSURANCE AMOUNT	PATIENT CHARGES	BALANCE PAID BY PATIENT AMOUNT IN THIS COLUMN
6-20	INS. ROOM BD	8.00		
6-20	ROOM BOARD		4.00	
6-20	LAB	15.00		
6-20	X RAY	6.00		
6-20	W U LAB	5.00		
6-20	DISCH DRUGS	2.50		
6-20	SPEC DRUG	1.50		
6-20	X RAY R X	6.00		
				15.00
				29.00
				*

STATEMENT
BARNES HOSPITAL
BROADWAY AND KINGWOOD
ST. LOUIS 10, MO.

REG. DATE 6-21-57 REGISTRATION NO. 1057-02557

DOE, JOHN C.
3557 MAIN ST.
ST. LOUIS MO.
2200 1200 06/20/57 #80

SECURITY MUTUAL INSURANCE

TO INSURE PROPER CREDIT PLEASE DETACH AND RETURN THIS STATEMENT WITH REMITTANCE

DATE	EXPLANATION	INSURANCE AMOUNT	PATIENT CHARGES	BALANCE PAID BY PATIENT AMOUNT IN THIS COLUMN
6-20	INS. ROOM BD	12.00		
6-20	LAB	16.00		
6-20	X RAY	6.00		
6-20	W U LAB	5.00		
6-20	DISCH DRUGS	2.50		
6-20	SPEC DRUG	1.50		
6-20	X RAY R X	6.00		
				15.00
				17.50
				*

STATEMENT
BARNES HOSPITAL
BROADWAY AND KINGWOOD
ST. LOUIS 10, MO.

REG. DATE 6-21-57 REGISTRATION NO. 1057-02557

DOE, JOHN C.
3557 MAIN ST.
ST. LOUIS MO.
2200 1200 06/20/57 #80

PUBLIC AID COMMISSION

TO INSURE PROPER CREDIT PLEASE DETACH AND RETURN THIS STATEMENT WITH REMITTANCE

DATE	EXPLANATION	INSURANCE AMOUNT	PATIENT CHARGES	BALANCE PAID BY PATIENT AMOUNT IN THIS COLUMN
6-20	INS. ROOM BD	12.00		
6-20	LAB	16.00		
6-20	X RAY	6.00		
6-20	W U LAB	5.00		
6-20	DISCH DRUGS	2.50		
6-20	SPEC DRUG	1.50		
6-20	X RAY R X	6.00		
				15.00
				15.00
				*

STATEMENT
BARNES HOSPITAL
BROADWAY AND KINGWOOD
ST. LOUIS 10, MO.

REG. DATE 6-21-57 REGISTRATION NO. 1057-02557

DOE, JOHN C.
3557 MAIN ST.
ST. LOUIS MO.
2200 1200 06/20/57 #80

CHARITY DISCOUNT

TO INSURE PROPER CREDIT PLEASE DETACH AND RETURN THIS STATEMENT WITH REMITTANCE

DATE	EXPLANATION	INSURANCE AMOUNT	PATIENT CHARGES	BALANCE PAID BY PATIENT AMOUNT IN THIS COLUMN
6-20	INS. ROOM BD	12.00		
6-20	LAB	16.00		
6-20	X RAY	6.00		
6-20	W U LAB	5.00		
6-20	DISCH DRUGS	2.50		
6-20	SPEC DRUG	1.50		
6-20	X RAY R X	6.00		
				15.00
				30.50
				*

Moral Obligation Is Not Enough to Enforce Agreement to Pay Another's Hospital Bills

ALBERT WOODRUFF GRAY

AT THE bottom of a bill of the Polk General Hospital, Cedartown, Ga., presented to a patient at the time of his discharge, was the signature of the patient's brother under the line, "Signature of the person responsible for this bill." When the bill was not paid the hospital sued the brother who had signed the memorandum.

JUDGMENT REVERSED

Judgment for the amount of the account was awarded the hospital in the city court of Polk County. From that judgment the brother appealed and a few weeks ago that judgment was reversed by the appellate court of that state.

"Nowhere is there contained in this paper any recited consideration for the agreement by this brother except his signature following the quoted phrase. The evidence showed no consideration other than possible love and affection."

In that state is a statute derived from an old English law adopted nearly 300 years ago and known as the Statute of Frauds. This statute, which is substantially the law in every state in the country, provides:

"To make the following obligations binding on the promisor the promise must be in writing, signed by the party to be charged therewith or some person by him lawfully authorized, *i.e.*, a promise to answer for the debt, default or miscarriage of another."

Of the application of this statute to the circumstances in this instance the court added: "A promise to answer for the debt of another must not only be in writing and contain a clear statement of the agreement but must also be supported by a good and sufficient consideration."

Here the court referred to an earlier decision by the supreme court of that state involving a promise of this character. There a woman had given a physician a memorandum that, "I hereby

The author is a New York City attorney.

agree to pay Dr. W. F. Boddie the sum of \$48, the same being the amount due him by my deceased brother."

In its refusal to enforce payment of this promise the court had said: "A promise to answer for the debt, default or miscarriage of another, in order to be binding, must be in writing and be supported by a consideration. It is a 'naked pact' unless some benefit accrues to the debtor or the promisor."

"The only consideration stated in the written contract in this case was 'the love and affection' which the promisor had for her deceased brother. It is insisted that this is a sufficient consideration to support the contract. We think otherwise."

"While love and affection as a consideration for a written contract to answer for the debt, default or miscarriage of another may bind the conscience of the maker, it cannot support an executory contract to answer for the debt, default or miscarriage of another, unless some damage flows from the breach or the contract is supported by a legal consideration in addition to the moral."

MOTHER SUES SON

Recently an action of this sort was before a New York State court. There a mother had sued her son on his promise to pay her \$50 a month for her life on the "good and valuable consideration" of "love and affection."

In a decision that no ground for a recovery was available to the woman who had brought this action the court said there: "Love and affection" is not a sufficient consideration to support an executory contract. The case would be different if an executed deed, assignment or mortgage were involved; if in fact the transaction were accomplished."

Another instance of this character occurred in that state a few years later. There a man had been told by his wife's father that the father wished to give him a wedding present, that the

papers had been drawn, and the son-in-law should have the money as soon as it became available. This claim against the estate of the deceased father was disallowed.

"The question," the court said, "is whether such proof suffices to establish a legal consideration sufficient to impose liability on the estate."

"The controlling rule is: 'Consideration not infrequently becomes important in executed transactions of property, especially in the law of fraudulent conveyances. In such transactions courts have recognized as a vital element in sustaining a contested conveyance, not only a valuable consideration but also what has been called a good or meritorious consideration, that is, love and affection based on kindred by blood or marriage.'

"Such reasoning has no place in the law of executory contracts. What is described as a good or meritorious consideration will not support a promise. It is in fact nothing more than a motive or moral obligation."

Reversal by the appellate court of this award to the Polk County hospital was based on the conclusion: "Assuming for the sake of argument only, that the paper showed a clear agreement on the part of the man to answer for the debt of his brother, neither the agreement nor the evidence showed any consideration for such an agreement. No benefit accrued to the man nor was there any detriment to the hospital."

"The hospital was under a duty to release and discharge the brother whether or not the services were paid for and whether or not this man promised to pay for the medical services rendered to his brother. Love and affection only is not sufficient consideration for the promise to answer for the debt of another."

However, had the hospital received this memorandum at the time of or before accepting the brother as a patient, the circumstances would then have told a different story. Consideration for the promise to pay would have been the consideration of an agreement by the hospital for the medical services and treatment.

References

J. O. Wright *v.* Polk General Hospital, 99 S.E.2d 162, Georgia, May 24, 1957.
Wright *v.* Threatt, 92 S.E. 640, Georgia, May 16, 1917.

Collins *v.* Collins, 88 N.Y.S.2d 136, New York, Jan. 22, 1949.

In *re* Hirschberg's Estate, 61 N.Y.S.2d 395, New York, March 18, 1946.

We Don't Have to Pay Cash for Good Will

The author, who believes that hospitals can promote good relations with patients and the community at very little cost, outlines some of the things he has done in both large and small hospitals to prove his theory

EDWARD W. GILGAN

HOSPITAL administrators with limited budgets should stop trying to be publicity men. They should study their problems and see where they can do good for the hospital and the community without cost to the hospital.

In several years as administrator of both small and large hospitals, I have become convinced that most programs of good patient, personnel and community relations can, and should, be accomplished with a minimum of expenditure. If possible, they should even be made a source of income rather than expense. I do not think that in these times hospital funds can be spent too loosely acquiring "public relations." This should be accomplished by the things the administrator does in his own job and the things he should do to make the hospital a good one.

At one time when I was administrator of a 130 bed hospital, our

Mr. Gilgan was recently appointed full-time adviser for the Sisters of the Third Order of St. Francis. At the time this article was prepared, he was director of Hurley Hospital, Flint, Mich. Before going to Hurley in 1954 as assistant superintendent, he was superintendent of Ryburn-King Hospital, Ottawa, Ill.

public relations program dealt solely with the written word. We gave each patient a booklet explaining the organization, services and personnel; there was nothing wrong with this booklet, except that it cost between \$1000 and \$5000 per year to give to each of the patients admitted to the hospital.

Similarly, an annual report sent to former patients was expensive beyond its value. Because of rising costs of labor, a hospital newspaper was costing more than \$100 per month to publish. Even the thank-you card on which we asked for an opinion of hospital service was adding \$50 to the debit side of the ledger.

To this gloomy financial picture was added the doubt that the money being spent was bringing the desired result of keeping the hospital in the public eye. It was then I realized what was wrong.

The administrator should stop and analyze just what is public relations. What is he aiming for? Public relations in general, I think, is doing something good and then telling the public about it. However, the admini-

strator must determine whether he is concerned with patient relations, personnel relations, or community relations, and then think about the ways to obtain his goals.

At this particular hospital the improvement of patient relations began with a Stork Club, in which the prospective parents made advance payments on the hospital bill so that the baby would be debt-free when he was born. Several months before the birth, the parents were shown the delivery and nursery rooms, and they met hospital personnel who would care for the mother and child during the maternity stay.

The Stork Club not only ensured payment of the hospital bill, but it cost nothing except time to create the good will and friendships resulting from the tours and explanations given to the expectant parents.

Another example of creating good will without cost, and even bringing revenue into the hospital, was a hospitality wagon, which was similar in size and appearance to a three-tiered tea wagon.

During the slack hours of the morn-



Student nurses and expectant mothers learn fundamentals of baby care together, at little extra cost to hospital.



Hospitality wagon makes it possible for patients to make small purchases at time refreshments are brought to them.

ing and during visiting hours in the afternoon, the Gray Ladies wheeled the hospitality wagon, containing orange juice and coffee for the patients. The top shelf held these customary beverages, but the other shelves contained toilet articles, magazines, stationery

and stamps for sale to the patients. These Gray Ladies, by the way, also served as a liaison between the patient and the administrator. Often a patient has a complaint about hospital service that he is reluctant to express to his nurse or doctor, but which he

may readily pass on to a volunteer. She, in turn, can tell me about it, enabling me to remedy the situation before the patient realizes he has voiced a grievance.

There are other examples of patient relations programs, too, that can be

ROUND TABLE SESSIONS WITH COMMUNITY LEADERS TURNED CRITICS

BUSINESS and professional leaders in our community have helped change public attitudes toward Coahoma County Hospital, Clarksdale, Miss., in a way our public relations plans could never do.

In 1923 a 40 bed hospital was constructed here and it served the community for many years. Gradually, however, patients admitted to the hospital became only a small percentage of the people in the area who were miles away. The town was losing most of the high-pay patients and almost all of the more complicated cases. Only white patients were admitted, and other patients had to go to an adjoining county where often only makeshift clinic facilities were available.

However, there was intense opposition to construction of a new hospital. Only a few of the physicians saw the need for a new and larger hospital. The general feeling was that the hospital was adequately serving the needs of the community. Some believed that use of federal and state funds would encourage too many controls of the hospital's operation. Per capita income is low in this area, and a potential increase in the tax burden was a popular subject with those who opposed construction.

Those supporting a new hospital were successful, however, and the 100 bed hospital opened five years ago.

As a result of the original opposition to the hospital, the administration was faced with many problems in community relations. An intense public relations program was started. All of the more familiar procedures were used, with varying results. Since the tax burden was a specific area of complaint, financial information about the hospital was released through newspapers, radio, civic clubs, and periodic reports to the public.

In the old hospital, patients had never been requested to make a deposit. Because of the small patient load,

Mr. Hogan is administrator, Coahoma County Hospital, Clarksdale, Miss.

the admission clerk knew all the patients, their financial status, and other information that normally is needed; collections had not been a problem of any proportions.

By necessity the new hospital required a deposit and more specific information than formerly; this, too, was a source of many complaints. We attempted to solve them by pamphlets, explanations on admission, and other customary procedures.

We felt obligated to control visiting hours, although the public had never observed visiting hours in the old institution. We approached this problem by feature stories in the newspaper, informative pamphlets, and other media with some success.

The hospital employees joined in as many public functions as possible to identify the hospital as part of the community. The hospital's activities were publicized almost daily in the local paper and on the radio. The women's auxiliary carried on a most active program, both in the hospital and in the community. For three years in succession the group won honorable mention awards in a national contest.

Everything considered, we had a successful, well rounded public relations program. For an established hospital, it would probably have been all that was needed. In our case, however, something was lacking.

We decided to invite a group of community leaders to the hospital for a luncheon meeting, to be followed by a round table discussion. These people were chosen carefully to represent various phases of community life.

At the first meeting there was a lively discussion of hospital problems in general. The group agreed unanimously to meet once a month and to pay the charge for the meal individually to avoid any possible criticism.

The group decided on several departures from customary parliamentary procedure: There would be no officers or prepared program, no publicity regarding the group,



Community leaders, known as Friends of the Hospital, meet once each month for tours and discussions of Coahoma County Hospital's functions. Complaints about the hospital have decreased since group was formed.



On this tour, the Friends listen as a laboratory technician explains how she uses technical laboratory tools.

carried with relatively little expenditure by the hospital.

One hospital set up a prenatal clinic in which an expectant mother was given instruction on baby care and how to improvise at home to make up for equipment she might not have.

This service, free to the mother, cost the hospital nothing extra because student nurses were given instruction in baby care at the same time.

Along with this, a teaching room for obstetrical patients was inaugurated at the same time the hospital

began a rooming-in plan. In this teaching room, comfortably furnished by a women's club in the community, there is much written material from commercial concerns as well as government agencies. Only improvised equipment is used here, too, for demonstration

INTO FRIENDS AND CREATED GOOD PUBLIC RELATIONS

REED B. HOGAN

and no minutes of meetings. To make the discussion easier, it was decided to limit the membership to 12 persons. Otherwise, membership was restricted in only one way: Any person with an official connection with the hospital, such as trustee, county or city official, or auxiliary member, could not belong to the group. It was felt that these persons should be well acquainted with the hospital and should not need further information.

We encouraged members to withdraw from the group when they felt they had enough information to understand hospital affairs and asked them to recommend a successor. Several have done this, but they are still frequent visitors at our meetings.

After several meetings, it became obvious that the new group, "Friends of the Hospital," was better informed than was our board of trustees. The meeting time for the board has always been restricted, so that only general information could be presented. To correct this, we have developed a series of short, detailed and interesting letters that we mail to the trustees periodically.

Only a few months after the Friends began meeting, complaints from the general public gradually diminished. A complaint is indeed rare today, and even criticisms about costs have virtually disappeared.

At one session each member was asked to find someone who was critical of the hospital in some way and to bring the person as a guest to the next meeting. After several days, we began receiving calls that members would not have a guest because they couldn't find a critic. When the meeting day arrived, only two guests were present—and they have since become members.

Good patient care is the theme of most of our sessions. What are the ingredients of good patient care? How are they combined for the desired result? What policies could adversely affect good patient care?

The Friends of the Hospital have spent several hours

learning about the medical records system, and medical terminology is not "all Greek" to them.

Purchasing and perpetual inventory systems are familiar to these businessmen, and they study the hospital's system of inventory control, purchasing and supply as part of their understanding of hospital functions.

Radiology, virtually a new field in our area, has held the attention of the group for several sessions. The radiologist can talk to this group in semi-technical language without losing them. Laboratory procedures, the functions of the pathologist, anesthesia and the agents used, and the technicalities of hospital administration, all have been interesting topics to this group.

The Friends have been meeting now for about two years, and during that time attendance has been far above our expectations. With the turnover of membership, however small, there has been some duplication of discussion subjects, but basic details have varied enough during the two years so that these topics are not tiresome for older members. Often they can lead the discussion and make many of the explanations.

The enthusiasm of this group has remained far above average, because the hospital is now accepted as a community institution, one that affects all citizens. The thoughts of the Friends have centered about the best and most economical care of patients that the institution can render.

This ideal should be the chief goal of a board of trustees. In many communities, however, new board members are appointed because of business or social background, without regard for ideals of patient care.

The last trustee appointed to our board was a member of the Friends group. He promises to be one of the best additions to our policy making group that could have been made. We have many potential trustees among the Friends.



Head nurse tells members of the group how the anesthesia equipment is used in operating rooms.



The complexities of operating a hospital pharmacy are studied with interest by the group of Friends.



The radiology department and uses of the x-ray equipment are explained during monthly meeting.

purposes. The class usually is held twice during the mother's stay, which averages five days. It was found that the mothers asked questions that they seemed embarrassed to ask the doctor. Many also said that their doctor often was too busy to answer questions. This class also proved to be an excellent way to teach student nurses assigned to the OB floor.

A library service, using books donated by members of the community, can be conducted by volunteers with no expense. At one hospital we built our own movable library cart for this small service.

Community relations can be fostered in many ways. In one town, a labor leader whose child died of a blood ailment instigated the founding of a blood bank. Since its inception, hundreds of people have been typed and thousands of pints of blood have been given free of cost to anyone who needs the blood. All that needs to be done when an emergency arises is to call one of the prospective donors and have the necessary laboratory work done to match his blood with that of the patient.

This bank has done more than provide blood to the hospital's own patients. The sanatoriums of the city, near-by hospitals, and some home care patients also have benefited.

A less tangible facet of community relations concerns the help available from civic organization and business leaders who can be made to feel the hospital needs them. This amounts to no more than asking a businessman, "Can you solve this problem for me?" At various times I have gone for advice to people in the community who are made to feel that they have more experience in handling the particular problem than I.

For example, I asked the help of a gas company manager concerning the use of gas for heating water during the summer months so that our boilers could be shut down. The man came to the hospital with two engineers, made a survey of our plant, and submitted to us a 10 year program detailing our heating needs.

At one time we had personnel difficulties over wages, fringe benefits, paid holidays, and so on. I got in touch with the vice president in charge of personnel for a large manufacturing company in our community. This particular firm, because of its size, has a tremendous influence on the economy of the town. The executive helped me work out a personnel program that

would not be greatly at variance with industrial policies in our area, and he became a strong promoter of the hospital. In addition, he was responsible for his company's donation of a particular kind of glass to be used for isolation in the pediatrics section.

Similarly, civic organizations can be shown that the hospital needs them. For example, in one city the garden club was asked to provide flowers in season for patients who did not receive any from friends. The club responded generously, at no cost to the members or the hospital. We, in turn, saw that new friends were made for the hospital and for members of the garden club whose cards were placed with the bouquets.

Various community leaders have been invited to a monthly luncheon, limited to 10 guests. After lunch they were given a fact sheet with information about the hospital's income, expenses, patient census, and so on. They then were taken to the various departments, briefly told something about the operation of each, and introduced to the department head. After each inspection, the groups always expressed amazement at the size of our operation, the many facets of the organization, and the hospital's efficiency.

MOST GROUPS CONTRIBUTE

As a result of these meetings, almost every organization in town began to contribute something to us. The Kiwanis and Moose gave scholarships to nursing students; the Rotary Club supported the physical therapy program for children; a city women's group bought nursery equipment.

These are a few of the many benefits that came to the hospital by our telling its story honestly and sincerely to the people of the town. Bear in mind, however, that we first made sure we had a good story to tell.

Organizations with some type of welfare program were encouraged to use a large recreation room in our nurses' home for meetings and card parties, on the theory that the more people who came into the hospital and felt they had an interest in it, the wider and more effective would be the community relations program.

Members of several groups began working as Gray Ladies, doing sewing, acting as receptionists at visiting hours, and so on. Many clubs contributed funds when they held a card party or cake sale. One organization purchased an operating room lamp for the emer-

gency room. They told me they were extremely proud of this gift and happy about donating it; it was the first thing they had ever done for the hospital.

In addition, on one occasion, we organized a Council of Social Agencies, whose work functioned about the hospital. We gave telephone service and office space to members of the committee and in this way brought into the hospital representatives of more than 30 groups. This council was extremely well received and demonstrated to the community that the hospital is interested in its welfare. The council office is the center for receiving and distributing clothing, food and other items to the needy.

Guest cards to give friends and relatives of patients a chance to ease the financial strain of hospitalization were also a successful plan. Several organizations asked to be notified when any member of their group was admitted to the hospital. They then sent them a card saying that the patient was their guest in the hospital for the day.

I cannot emphasize too strongly that money spent on public relations is wasted unless it is backed up by a sound program based on an honest understanding of patient, visitor and community needs. I further believe that the administrator, since he represents all facets of the hospital operation and is very much in the public eye, must take the steps necessary to become part of the community.

To become an asset he should join some of the clubs, fraternal or social, as well as take part in activities of his religious organization. He should be a frequent and willing speaker at various meetings, not only on matters in the hospital field but on other needs that are of interest to the community. I say this because in many small communities, especially, the administrator is usually looked up to as a leader and is sometimes a little better educated than the average individual in the town. Therefore, he must take the responsibility of doing something to help the community from which he derives his living.

The problems of patient and community relations in the hospitals used as examples are by no means completely solved. New ways of creating good will for the hospital and providing recognized community service can, and still will, be found if hospital administrators, limited by tight budgets, will realize that good will doesn't have to be bought.

Controller's Job Is the Essence of Management

The relationship of the administrator to the controller is likened to the relationship that exists between a ship's captain and his navigator. It behoves the administrator to give his controller similar authority, the author states. He examines the duties of the controller, the controls he should maintain, the reports expected of him, his function in budget making, rate setting, statistical analysis, standards and public relations. The wise administrator never forgets that the accounting department is a reservoir of live information he can put to good use in making decisions.

RICHARD D. VANDERWARKER

THE hospital administrator's major concerns and responsibilities lie in the areas of planning, organizing, directing and controlling. It is on these functions that he must concentrate to the exclusion, if possible, of all other activities.

In performing these functions, the administrator's major activity involves decision making, for it is now generally recognized that "the power to make decisions is the power to manage." Decision making then is inseparably related to the process of administration.

Broadly speaking, there are two types of decisions, tactical and strategic.

The tactical decisions are problem solving of an immediate nature, concerned with operational matters, while the strategic decisions are of a long-range nature concerned with matters of policy and planning. Strategic decisions involve the charting of the course, and the direction required to fulfill the organization's objectives.

For the administrator the important decisions are strategic, for they concern planning, organizing, directing and controlling. The tactical or operational decisions he should delegate.

The responsibilities of the accounting, business or controller's division are essential in performing the management or administrative functions. Analogous to a ship, if the administrator is

the "captain," then the controller is the "navigator." As the captain can neither direct a ship nor bring it safely to port without the aid of a competent navigator, the hospital administrator cannot direct the hospital in the attainment of its objectives without the constant assistance of the controller.

In acting as the navigator the controller performs four major functions.

1. He provides data to help chart the course — the "planning" function.

2. He aids in signing and training the crews — the "organizing" function.

3. He aids in promulgating orders — the "directing" function.

4. He uses navigational aids similar to the compass and sextant to maintain course — this is the "controlling" function.

The controller's function and responsibilities, then, are the essence of management. His position is one of extreme importance, and he ranks at the top of the management structure.

Of course, this position can be attained only if the controller is given adequate responsibility and commensurate authority by the administrator.

In all organizations, there must be a proper relationship between authority and responsibility. This is the principle that a person to be held accountable for something must be in a position to determine the process by which it comes about. For the controller to accept his proper responsibilities and have adequate authority, the administrator must:

1. State to the entire organization in writing that in the controller rests

the complete and total responsibility for the accounting and financial management of the institution.

2. The organization chart should indicate that the controller reports directly to the administrator.

3. The administrator must clothe the controller with the authority to enforce all financial and accounting policies and procedures. This must be known to the entire organization, including the medical staff. If, for example, the controller is responsible for credits and collections, as he should be, the medical staff must know that the controller's delegate in the admissions office has the authority to assign accommodations on the basis of an individual's financial status. The physician should have no authority in this respect.

As another illustration of the responsibility and authority of the controller, a clearly written statement of payroll policy and procedure must be promulgated and published to all supervisory personnel. Once accomplished, the controller must enforce these procedures with the administrator's complete support. Exceptions can be permitted only in the most extreme emergencies and these should be minimal if the policy is sound.

Specifically the administrator views the responsibility of the accounting and financial management or "controller's division," as it will be referred to in this article, as follows:¹

1. Receipt of all revenues and proper expenditure and conservation of

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Presented at the seminar for hospital accountants and business office personnel, United Hospital Fund, New York.

¹Departmental Organization of the Hospital, Hospitals 25:56 (August) 1951.

"Lack of internal controls offers opportunities for defalcations."

all funds. This includes those received in the name of the hospital by all ancillary units, including the women's auxiliary, fund raising units, special funds donated for the use of physicians in research and teaching, the social service committee, and all others.

2. Maintenance of adequate accounting and statistical records.
3. Recording of all financial transactions and control of cash.
4. Recording of all transactions involving income and expense.
5. Recording of the purchase and disposal of capital assets.
6. Estimating costs of free services rendered to indigent patients.
7. Responsibility for proper payment of salaries and wages, handling of related tax matters, and the adequate control of payroll expenditures.
8. Financial transactions with third party payers.
9. Preparation of the budget of income, operating expense, and capital expenditures.
10. Timely preparation of reports of departmental income and expense and their comparison to their related budgets.
11. Comparisons of gross earnings.
12. Determination of the cost of the main revenue producing departments.
13. Credits and collections of patients' accounts, including the determinations of patients' financial classifications.
14. Maintenance of an adequate insurance program to protect the hospital's assets.

CONTROLLER IS VITAL AIDE

Beyond these specific duties and responsibilities the administrator views the controller's functions as vital in aiding him in the general management of the hospital. The administrator delegates completely to the controller what is, of course, the administrator's ultimate responsibility: control of the hospital's assets. He relies completely on the controller to establish adequate internal controls to protect cash, payrolls, receivables, general stores inventories, dietary stores, equipment and all areas where misuse of funds is possible.

In the area of internal control, hospitals in many cases are weak and there are many opportunities for defalcations. Control of payroll often is inadequate, and as yet I know of no hospital that has found a practical answer to the control of the pharmacy.

I mention the area of internal control as being of paramount importance because of a serious and unpleasant personal experience. As a result of lack of internal controls a department head over an extended period was permitted to indulge in defalcations of major proportions. He could do so because we lacked control over bids and orders for construction and alterations. Since he was the only one involved in these transactions, he could not resist the temptation to conspire with a dishonest contractor. To all appearances three competitive bids were received, but the lowest one was too frequently that of his conspirator. When this practice was discovered, the kickbacks he received were found to be substantial. Although both parties were prosecuted to the utmost and restitution was gained, the experience is unforgettable.

Another important area where the administrator looks to the controller is in the production of suitable management reports. In addition, these reports must be timely, for to quote Charles Roswell,² the bard of the United Hospital Fund:

"Breathe there an administrator with soul so dead

"Who never to his controller said

"Give, O give me this once, some current figures."

Following is a listing of management reports that are essential:

1. Monthly financial reports, including income and expense compared to budgeted predictions.
2. A monthly report of income for each revenue producing unit compared to the budget and the comparable previous period. This report should also be cumulative for the year to date.
3. A monthly accounts receivable report indicating outstanding balance.

²Roswell, C. G.: Accounting and Financial Management, Annual Administrative Review, Hospitals 30:397 (Aug. 1) 1956 (Part 2).

allowances and other pertinent collection experience.

These foregoing reports must be on the administrator's desk not later than the 15th of the following month and preferably by the 10th.

In addition the controller should produce these management reports:

4. A weekly report of cash position.
5. A monthly report of food cost, indicating total expenditures for food, supplies and labor, and the cost of these items per meal.
6. Daily occupancy reports and a monthly comparative report.

These are the minimal essential management reports. There are many others that can be utilized by the administrator depending on the scope and type of institution.

From the view of the administrator a budget is absolutely essential. It is surprising, though, how many hospitals do not prepare such a tool. It is inconceivable how orderly financial planning and control can be accomplished without a budget.

THEY HAD NO BUDGET

Again I will illustrate with a personal experience the importance and effectiveness of a budget. Up to 1952, Memorial Center had operated without a budget. Prior to the beginning of the fiscal year 1953 a detailed budget was prepared and budget allocations for the year were established for and distributed to all units. At the end of the year operating expense was \$220,000, or 4 per cent less than budgeted. This dramatic result was accomplished because the budget was a control instrument which all department heads interpreted as a goal to improve upon. Since establishment of budgetary control we have constantly maintained actual expense within a range of $1\frac{1}{2}$ of 1 per cent unfavorable and within 1 per cent favorable compared to the original budget.

Control is not the only purpose of the budget, however, for as stated by T. LeRoy Martin,³ professor of accounting at Northwestern University: "A budget is a plan for the future based

³Martin, T. LeRoy: A Budget Is a Plan for the Future. Mod. Hosp. 78:82 (June) 1952.

"We need standards by which to measure progress toward our goal."

on experience of the past." He elaborates this statement by saying: "The budget provides a forecast of problems that will arise and permits consideration of them in advance rather than relying upon opportunistic decisions at the moment the financial difficulty is at hand. In other words, it *avoids* rather than *corrects* undesirable financial trends of conditions."

CONTROLLER DIRECTS BUDGET

The importance, in fact, necessity, of a budget cannot be overemphasized, and in its development and application the controller's rôle is paramount. It is his responsibility to prepare the budget from data presented by department heads, aid the administrator to analyze and complete the approved budget, distribute it in adequate detail to all operating units, make monthly comparisons of actual results, and analyze areas and causes of variation. He in fact is the director of the budget—a rôle of great importance in the realm of general management.

Another important area of general management in which the controller's participation is vital is that of rate setting. This problem is much more important to hospitals than had previously been the case; as we all know the reduction of contributions and the increased reliance on patient income require constant surveillance of the hospital's rate structure in order to maintain adequate patient income. The controller must at all times be conscious of his responsibility in that area, particularly as cost studies of revenue producing departments are concerned. He must periodically—at least annually—prepare costs for these areas in order that current rates may be compared against current expenses and adjustments be made coincidental with the increase of expenses. This area also covers financial relationships with third party payees whose method of prepayment frequently is on the basis of costs. Thus cost analyses are extremely important to ascertain that the hospital is recovering what is justly its right under the existing contracts with third party agencies.

Again in the area of general management, the administrator views an important rôle of the controller, that

of the collection of statistics. Prof. W. Allen Wallis, professor of statistics and economics and dean of the school of business at the University of Chicago, states: "Statistics are an effective tool of management in helping administrators solve strategic and tactical problems." He stated that statistics solve the "tough" problems. As stated previously, the administrator's major activity is in the area of decision making. He must have facts of the past to determine future action and here the controller must provide him with this information. It is the controller's responsibility not only to provide information but to discriminate as to the type of information that is relevant to particular problems so that it can aid in their solution.

In hospitals one of our problems is the lack of standards of performance by which we can measure our progress toward our goals. A great deal more can be done in this area in hospitals, and the controller can assist the administrator greatly in providing such quantitative and qualitative measurements. The following are suggestions for areas of the hospital where standards of performance can be utilized:

1. A standard can be determined for the number of laboratory procedures that can be performed by laboratory technicians.
2. A standard can be set to establish the cost that can be expended for food, labor and supplies for patients and employees' meals.
3. In the engineering department, standards can be established for the number of maintenance jobs filled by employees involved.
4. There are standards of production that can be established in the laundry, such as the pieces of laundry finished by press operators.

5. In the housekeeping department, standards are available to determine the area that wallwashers can cover daily, and the area covered by individuals involved in floor cleaning.

6. Standards should be established for labor turnover and for collection of accounts receivable.

These are some of the standards that can be readily developed. I am sure there are more. The importance of standards lies in the incentive they

provide, since they invariably become a goal to exceed.

The controller must constantly develop procedures which affect all activities within his department and activities relating to other departments in which financial management is involved. These procedures should be written and become part of a procedural manual that must be currently maintained. Certainly, it is not recommended that a hospital become an organization rigidly controlled by procedures. However, far too little has been done in this area to maintain proper control over essential operations not directly related to patient care.

RESEARCH IS IMPORTANT

A new and interesting area of management is that of "operations research," which is also known as "methods improvement." In this activity, the controller can again play an important rôle. Administrators would do well to consider the activities of an "operations research" division as being part of the controller's division. It is he who is most intimate with systems and procedures. Throughout hospitals all systems and procedures should constantly be studied with the objective of improving service and reducing cost. The controller should play a major part in this activity and, in fact, spearhead the initiation of studies in areas requiring them.

Finally, the administrator expects the controller to train his organization in public relations. Too often, accounting departments of hospitals are represented by those who have been termed "wicket" people. These are the gruff, impolite people we see too often dealing with the public at theater ticket offices, railroad stations, and in public agencies. There is no place in hospitals for "wicket" people. Thus, we expect of the controller that his people will be kind, considerate and polite to the hospital's public.

In conclusion, then, these are the administrator's views of hospital business methods and procedures. Those engaged in such activities in hospitals have an extremely important part to play in the financial management of the institution and its general management.

ABOUT PEOPLE

Administrators

Dr. Guy W. Brugler, for the last 10 years head of Children's Medical Center, Boston, has announced his retirement. Dr. Brugler will leave the center to devote his time to consulting work after his successor is appointed. He has served as administrator of various units of the center and as secretary to the organization. A past president of the Massachusetts Hospital Association, he organized the trustee advisory committee and will continue to serve as its chairman. He is a director of the Massachusetts Hospital Service Association, a member of the governing board of the Hospital Council of Boston, and has held various consulting and advisory posts with the Veterans Administration. He will continue to serve as an adviser to the Children's Medical Center building program.



Dr. Guy W. Brugler

Walter V. Coburn has succeeded the late **Bruce W. Dickson Jr.** as administrator of Bethany Hospital, Kansas City, Kan. Mr. Coburn has been administrator of Ransom Memorial Hospital, Ottawa, Kan., for the last four years and has held similar posts in Indiana and Massachusetts. He is a graduate of the hospital administration course at the University of Minnesota.

Frederick W. LaCava has been named administrator of General Hospital of Greater Miami, Miami, Fla. Dr. LaCava formerly was administrator of Monroe-Jackson Hospital, Hollywood, Fla. He also has been administrator of Osceola Hospital, Kissimmee, Fla., and a member of the staff of the University of Mississippi School of Medicine.

Paul C. Kaufman has been named assistant director of Faulkner Hospital, Boston, succeeding **Irene B. Mann**, who is retiring after 28 years at the hospital. Mr. Kaufman presently is administrative assistant at Beth Israel Hospital, Boston. He is a graduate of Yale University's hospital administration program.

Francis R. van Buren, administrator of Cape Cod Hospital, Hyannis, Mass., for 11 years, has resigned. **Ethel M. Barton**, director of nursing and assistant administrator, will fill the vacancy until a new administrator can be appointed. Mr. van Buren has served on several councils of the Massachusetts Hospital Association and is a state delegate to the American Hospital Association House of Delegates.

Joe Vance, administrator of South Highlands Infirmary, Birmingham, Ala., and a past president of the Alabama Hospital Association, has resigned to become assistant executive director of Blue Cross-Blue Shield of Alabama. He succeeds **Kenneth Trim**, who has been named executive secretary and director of professional relations for the Blue Shield Plan of New Hampshire.

Clifford L. Gardner has been appointed administrator of Williamson County Hospital, Franklin, Tenn. The hospital, now under construction, is scheduled to be opened in January. Mr. Gardner formerly was assistant administrator of Maury County Hospital, Columbia, Tenn.



Clifford L. Gardner

Stella Roach has been named administrator of California Babies' and Children's Hospital of Los Angeles, succeeding **Evelyn D. Shalda**, who has retired. Mrs. Shalda was associated with the hospital for 35 years, 12 of them as administrator. Miss Roach, a former newspaper and magazine writer-editor and public relations counselor, trained under Mrs. Shalda for a year before assuming her present post.

Gordon S. Boughton has been appointed administrator of Marion General Hospital, Marion, Ind. Mr. Boughton is a hospital administration graduate of Northwestern University.

Joseph E. Mulroy has been named assistant administrator of Santa Barbara Cottage Hospital, Santa Barbara, Calif., succeeding **Rodney J. Lamb**, who has become administrator. Mr. Mulroy is a graduate of the course in

hospital administration at the University of California and served his residency at Kern General Hospital, Bakersfield, Calif.

David R. Jaye Jr. has been appointed assistant administrator of Sharon General Hospital, Sharon, Pa. Mr. Jaye is a graduate of the hospital administration course at Northwestern University and served his residency at Wesley Memorial Hospital, Chicago. For the last three years he has been in the air force medical service corps.

David Constantine has been named associate executive director of Lebanon Hospital, New York. Mr. Constantine has served as assistant director of the hospital since 1950. He is a graduate of Northwestern University's hospital administration program.

Eugene Stevens has been named assistant administrator of Culver City Hospital, Culver City, Calif. Prior to becoming associated with the hospital in September 1956, Mr. Stevens was for many years a member of the navy medical service corps.

David V. Shaw has been appointed administrator of Dukes Memorial Hospital, formerly Dukes-Miami County Hospital, at Peru, Ind. Mr. Shaw succeeds **Robert Moss**, whose appointment as administrator of Doctors' Hospital, Cleveland Heights, Ohio, was announced in the September issue of *The MODERN HOSPITAL*. The name change was made in preparation for a building program.

S. James Schroeder has resigned as assistant administrator of St. Luke's Hospital, Chicago, to become head of Englewood Hospital, Chicago. At Englewood, Mr. Schroeder will succeed **Wendell Carlson**, who recently became executive director of the Chicago Hospital Council.

Sister Marybelle Leick, O.S.B., has been appointed administrator of St. Mary's Hospital, Duluth, Minn., succeeding **Sister Mona McGuire**, it is announced by the Benedictine Sisters Benevolent Association.

Ann May, administrative assistant at Grace Hospital, Detroit, has been named administrator of Schoolcraft Memorial Hospital, Manistique, Mich., succeeding **Kenneth E. Brooks**.

(Continued on Page 154)

Special Unit Saves Lives, Nurses and Money

Better care for the acutely ill patient with no increase in nursing staff results from the special care unit which is described here. Not only is more intensive treatment possible, but the functioning of the areas of the hospital serving the nonacute patient is vastly improved, the authors report. The establishment of the unit, its standard operating procedure, nursing routine and utilization of nursing staff assigned to the unit are described. Since the mortality rate is higher in a special unit serving only the acutely ill and patients who do recover are quickly transferred, special attention must be given to emphasizing the successes attained by the unit in order to avoid poor morale among the nurses.

WILLIAM T. MOSENTHAL, M.D., and DAVID D. BOYD

CARE of the acutely ill patient has become a problem of the greatest magnitude in our hospitals. These patients need special, and usually specialized, nursing care, yet the supply of nursing service personnel is short and unable to cope effectively with the present load. It is obvious that more efficient utilization of personnel and concentration of effort are essential if we are to fulfill our obligations to these patients.

In addition to care of the increasing numbers of acutely ill, there is the problem of the nonacute patient who suffers from lack of attention from his floor nurse and anxiety and sleeplessness when acutely ill patients are included in his room or ward. This admixture breeds extreme dissatisfaction among both patients and nurses.

In order to solve these problems, a segregated area for the acutely ill, with its own special nursing routine and an augmented supply of drugs and sterile equipment, was proposed and established at Mary Hitchcock Memorial Hospital in September 1955. The area was named "The Special Care Unit."

Dr. Mosenthal is chairman of the department of surgery and Mr. Boyd is assistant administrator at the Mary Hitchcock Memorial Hospital, Hanover, N.H. Both are members of the hospital's patient care committee.

It is the purpose of this article to outline the steps taken to form this unit, the plan of operation, and our experience with the unit over the last two years.

The special care unit was planned and organized by a joint committee of medical staff, nursing and administrative personnel (committee for the improvement of the care of the patient). A special care unit committee was then formed, including one influential and interested member of the professional staff.

The size of the proposed unit was determined through use of a simple form filled out by supervisors in widely spaced sampling periods on which they listed patients who would be eligible for care in the contemplated special care unit.

The unit was arranged to consist of an open, mixed ward of six beds, to be used for unconscious and neurosurgical problems; one male and one female four-bed unit, and four single rooms for cases of either sex who require this privacy because of their particular problem or because isolation technic was required. A four-bed unit containing acutely ill patients is a convenient size for one nurse to handle most efficiently and easily.

Requirements for other special care

units obviously will differ, but for the most efficient care and utilization of personnel, together with refinements necessary for patient satisfaction and comfort, the basic plan of a large open unit for unconscious, stuporous or delirious patients; four-bed units for the greater part of the acutely ill load, and single rooms for isolation has been most effective in our experience.

A central patient area of appropriate size was reconstructed to fit this arrangement. Installation of piped-in oxygen and suction, wall-mounted blood pressure manometers, and wall brackets for I.V. bottles contributed toward an uncluttered floor.

To provide for rapid treatment of emergency situations, an augmented supply of emergency drugs and I.V. solutions was obtained. Sterile sets for tracheotomy, vein cut-down, catheterization, thoracentesis, irrigation and lumbar puncture were allotted to the special care unit supply and are ready for instant use. Other added unit supplies include laryngoscopes, intratracheal tubes, ECG and pneumothorax machines, a resuscitator and bed scales.

Although the nursing service in our special care unit is in the nature of private duty group nursing, the patient is not charged an extra fee. The cost of the unit is included in the over-all

cost of nursing service throughout the hospital. We feel that this unit is as much for our convenience as it is for the convenience of the patient.

After establishing the physical plant, an outline of standard operating procedure, agreed to by all divisions through the activity of the patient care committee, was prepared. This may seem a bit detailed in certain sections, but to get the special care unit off in good order and to avoid confusion and argument, we felt it advisable to spell things out in this fashion. Our experience has proved the wisdom of this precaution. The "constitution" has been extremely valuable.

STANDARD OPERATING PROCEDURE

1. The staff doctor will be responsible for requesting admission or transfer to the special care unit. If there is no bed available, the staff doctor will discuss with the special care unit head nurse the possibility of a patient's being transferred out. The staff doctor responsible for the patient to be transferred out will be called for permission to transfer. If the availability of the bed is still questioned, the chief of the respective staff section will make the final decision. The nursing service supervisor or the special care unit head nurse may suggest to the staff possible transfers to or from the unit.

2. Patients will not be admitted to the unit unless acutely ill at the time of admission.

3. Patients to have extensive surgery will be transferred to the unit post-operatively.

4. The admissions office will not consider the unit for admissions.

5. Patients will be "officially" trans-

ferred to the special care unit. No bed will be saved for the transferred patient in another unit. Staff doctors will be responsible for transfer in and transfer out.

6. Regardless of patient status (private, semiprivate or ward) transfer may be to any portion of the special care unit. Private rooms on the unit will be used at the discretion of the staff doctor and head nurse for those patients requiring isolation, complete rest, and so forth.

7. Patients with private duty nurses usually will not be transferred to the unit. The head nurse of the special care unit will be responsible for the care of a patient with a private duty nurse.

8. Visitors will be restricted to the immediate family. Visitors may be restricted stringently as to number allowed at the bedside and duration of visit.

9. The staff doctor will be responsible for informing the patient and his family about the special care unit.

10. The patient's record will be kept in the nurses' station. Intake-output forms and vital signs-nurses' notes forms will be kept at the bedside.

PRIVATE NURSES NOT NEEDED

Some of these provisions require amplification. If private duty nurses are available, and the patient can afford to hire them, he should not ordinarily require transfer to the special care unit. It is somewhat difficult for special nurses to pick up the charting routines and new forms used in the special care unit. Their presence interferes considerably with the smooth nursing routine of the unit, and the regular special care unit nurses lose

intimate knowledge of the patient's course, condition and treatment when they are not responsible for the case for any eight or 16 hour stretch.

It is not possible to impose unreasonable restrictions on the visitation by immediate family of a critically ill relative. In order to satisfy these visitors and yet have them "out of the way," a well furnished waiting room in the immediate vicinity of the special care unit is essential.

No difficulty or resistance should be encountered in transfer of patients to the special care unit, provided publicity regarding the purpose of the unit has been effectively carried out prior to its opening. Without this publicity and personal reexplanation of the necessity of intensive nursing care as provided in the special care unit, the unit might gain a bad reputation, as naturally the mortality rate will be high. With public understanding, the tendency is to extol the salvage rather than mark the failures.

NURSING ROUTINE

The nursing routine is the very heart of a successful special care unit. A good routine simplifies and automatically improves the accuracy of the nurses' work. The doctor simply orders "SCU routine," saves himself detailed order writing, and is confident that accurate and intensive nursing care will automatically be carried out.

The nursing routine that we have used with success in the Mary Hitchcock Memorial Hospital special care unit, together with the special forms devised for this unit, is as follows:

1. Departure from the routine will be by written order of a doctor.
2. Intake and output totals will be for a 24 hour period ending at 7 a.m.,

Fig. 1 (left): Typical hospital unit. Black oblongs indicate acutely ill patients; hatched oblongs are nonacute, unhappy, unattended patients; crosses indicate nurses. Fig. 2 (right) shows the same area with special unit. The crossed-hatched areas (top and right) indicate the quiet nonacute sections.

Fig. 1

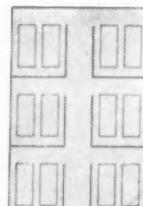
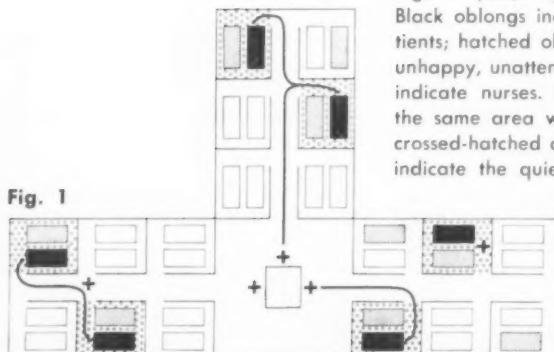


Fig. 2



instead of the midnight to midnight schedule now employed.

3. Intake and output records will be made and maintained accurately on *all* patients.

4. The volume, specific gravity, and pH will be taken and recorded on *all* urine specimens.

5. Each patient will be seen at least every two hours, at which time the following will be accomplished: (a) Vital signs—pulse, respiration and blood pressure—will be entered on the appropriate form and temperature will be taken every four hours and recorded; (b) the volume of intravenous fluid absorbed in the two-hour period will be recorded; (c) the volume, specific gravity, and pH of the urine for the two-hour period will be recorded if the patient is on catheter drainage.

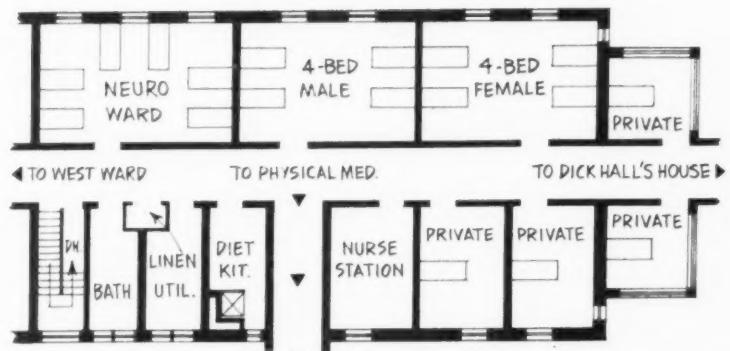
6. Charting: Details of our charting routine are not included here for the sake of brevity.

The intricacies of modern medical care are such that data of many kinds must be evaluated in order to get an accurate picture of the patient's condition. Usually such data are in many different locations in the patient's record, and the doctor often loses his train of thought assimilating data for the day, and comparing this with preceding periods. In addition, the nurse wastes time and loses accuracy if she must record data in different areas of the chart and on some records by the bedside and some in the nurses' station.

EASY TO ASSESS CONDITION

The plan of presenting one day on two sheets—one for all intake and output, the other for all vital signs, medication and nurses' notes—makes possible an easy assessment of the situation. The plan of division of the I and O sheet into hours running across the sheet for intake and output alike permits a dynamic visualization of rapidity of I.V. infusions, transfusions and resultant output. The summary sheet permits easy day-by-day comparison in detail and presents no charting chore, since the figures entered here are duplicates of those obtained at the time of completion of the daily sheet. All of the sheets are at the bed, permitting ready, accurate charting and inspection by the attending physician.

Nurses originally objected to the small space allotted to "nurses' notes," but it was soon apparent that with



Plan of the special care unit at Mary Hitchcock Memorial Hospital. This section was created, with some reconstruction, out of an existing facility. The unit contains an open mixed ward of six beds for unconscious and neuro-surgical patients; one male and one female four-bed unit, and four single rooms for cases of either sex who require this privacy because of their peculiar problems or because isolation technic is required. The section is provided with extra supplies of emergency drugs and special equipment.

conciseness and elimination of unimportant comments, the space was ample.

UTILIZATION OF NURSING STAFF

Staff requirements for a special care unit are extremely variable, depending on the nature of the patient problem currently in the unit. Occasionally one nurse must devote constant attention to one patient, and, conversely, one nurse may be able to care for four or even six patients (in the open ward). Based on a 40 hour week and on our unit bed space, 18 beds, we have staffed our unit in the following manner:

Head nurse	1
General staff nurse	6
Senior students	5
Practical nurse	2 (days)
Aide	3 (one evening)
Orderly	2
Clerk	1

Senior students work on the unit for a seven-week period. We have not used younger students, believing that this is a poor place for training in the basic nursing arts, because the acutely ill patients require more mature and experienced care. In addition, the necessity for a fast pace is not good for basic primary teaching.

Nursing hours per patient day in the special care unit average six to seven; in the remainder of the hospital the average is three hours per patient day. This special care unit figure, of course, is relatively high and superficially might indicate an exorbitantly high concentration of nursing effort.

However, studies conducted prior to the institution of the special care unit reveal interesting data. With acute cases scattered throughout the hospital, an average of more than 10 nurses were of necessity assigned daily to special duty on acutely ill patients. The nurses were drawn from the general staff pool (private duty nurses per se, hired by the patient, are not included). This is virtually enough nurse-power to staff our special care unit. Since institution of the special care unit the data show that there has been a drop of about 2000 hours per month of such special nursing. In other words, the special care unit is providing this necessary care without using more nurses, and obviously it is doing the job in much better fashion for all concerned.

HOW UNIT IS LAID OUT

Our plan consists of an open six-bed unit for neurosurgical patients and unconscious patients; two four-bed units, one male and one female, and four single rooms, two of which can be used as double rooms when the need arises. The open ward varies considerably according to the neurosurgery load. In the remainder of the unit, we make an effort to keep one bed open so that an emergency case can be taken in without delay. The statistics shown in the accompanying table reflect the usage of our special care unit and the results of this special care.

The mortality rate is high, indicating the serious acute condition of the

USAGE OF SPECIAL CARE UNIT AND RESULTS ACHIEVED

MODE OF ADMISSION	Medical	Surgical	Neurosurg.
direct transfer	66% 33	20% 80	66% 33
MODE OF DISCHARGE			
transfer	55% 30	69% 21	50% 20
died			
home	15	10	30
MEDIAN STAY	6 days	7+ days	
CENSUS	12 bed Special Care Unit—90% of capacity		
	6 bed ward—60% of capacity		

In the 12 bed section, 60% of the patients were surgical, 40% medical. In the open section, 70% were neurosurgical, 30% from other services.

patients treated in the special care unit. The word "acute" is used advisedly—moribund terminal cases are not ordinarily admitted. To maintain good morale among the nurses working in a special care unit there must be some possibility of a successful outcome to crown their strenuous labors. Loading the unit with terminal cases is the best way to extinguish the optimistic spirit and drive so essential for good nursing care and good morale in the special care unit.

EASIER ON NONACUTE CASES

Our primary concern is the successful care and treatment of the acutely ill patient. It is not difficult for our professional staff to recount many cases of recovery in the special care unit as a result of the intensive and expert care routinely available, care that previously either could not be given the acutely ill because of a shortage of nurses or was attempted in uneconomical, noncontinuous and cumbersome fashion. In addition, now we rarely face the problem of complaint and dissatisfaction of the nonacute roommate or wardmate who is alarmed and sleepless because of the commotion, lights and noisy activity about the acutely ill patient in the next bed. The special care unit has been an unqualified success in its fundamental purpose: better care of the acutely ill.

Concentrating acute patients in one place with accurate, detailed and easily assimilated data and with local supply has resulted in streamlining of doctors' rounds and speeding of emergency treatments such as tracheotomy, vein cut-downs, various aspirations, and so on. The doctor is spared lengthy order writing. With the "SCU routine" in operation, a system of intensive

nursing care is smoothly in progress. The nursing routine carried out by experts eases his mind. The best possible care is being given his patient. The reaction of our professional staff to the special care unit has been uniformly good.

The special care unit, providing in an economical fashion necessary care to the satisfaction of patient, nurse and doctor, is naturally a welcome solution to a most pressing problem as far as the hospital administration is concerned.

Some caution must be exercised in selecting nurses for a special care unit. Qualities required are vigorous aggressiveness, love of hard work, optimism and accuracy in detail. Without these qualities a nurse usually does not work out well in such a unit. With these attributes a special care unit nurse rapidly develops into an expert in the care of acutely ill patients, recognizing complications and changes in condition at their inception, thus permitting rapid treatment. Such a nurse is a most important member of the patient care team. Our staff of special care unit nurses has been largely responsible for the salvage of acutely ill patients so obvious since the establishment of our unit.

KEEP MORALE HIGH

It is most important to guard against loss of morale in the special care unit nurse group. We have already warned against loading the unit with terminal care cases. These nurses do not ordinarily follow a patient to his successful discharge, as patients are transferred from the unit prior to full recovery. Conversely, they do see all the failures and, as has been stated, the mortality rate is high.

In order to prevent discouragement and to promote job satisfaction, successful end results should be communicated to the special care unit staff. Our special care unit clerk maintains a roster of all patients admitted to the special care unit, and enters the final result after the patient's name. This roster is available for inspection by the unit staff. In addition, the medical staff, aware of the necessity for maintaining morale, reports to the special care unit the outpatient course of former special care unit patients and often sends the "graduate" down to pay a visit to his "alma mater." This medical staff interest pays big dividends.

Another important feature in maintenance of special care unit morale is the strong backing of the physician or committee responsible for the supervision of the unit. Such backing makes the procurement of needed new supplies and equipment easier and simpler. Questions of procedure and complaints from a doctor or nurse are promptly, readily and smoothly handled, provided visits are made frequently to the special care unit by the interested responsible physician, whether or not he has patients in the unit. With such backing and medical staff interest, our nurses have developed tremendous pride in their work and in their unit.

GIVES INVALUABLE TRAINING

The special care unit is obviously an excellent classroom for concentrated student nurse experience. Seven weeks in the special care unit is invaluable training in the care of acutely ill medical and surgical patients of all categories. The need for accurate records of fluid intake and output is quickly appreciated. The value of laboratory determinations and interpretations in the acutely ill is readily apparent. Intimate experience with the use of potent drugs is gained. Symptoms and signs of acute disease and complications are learned and recognized.

The special care unit has been a godsend to the harassed staff nurses on duty in the remainder of the hospital. With acutely ill patients requiring intensive special nursing removed from their floors, the smooth operation of these areas has been tremendously facilitated, and patient dissatisfaction because of the necessities of intensive special care for acutely ill neighbors has disappeared.

PROTOTYPE STUDY:

50 BED PROPRIETARY HOSPITAL

Continuing a new series of "prototype studies" of proprietary short-term general hospitals with up-to-date information on principal departments

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THE 50 bed short-term general proprietary hospital is the subject of the second of the prototype series on the short-term general proprietary hospital being published in *The MODERN HOSPITAL*. In introducing this new series of studies, it was noted that the proprietary hospitals represent 15 per cent of all hospitals in the United States and 20 per cent of all general short-term hospitals. This prototype study is accompanied by a comparison of the 50 bed proprietary general hospital with the 50 bed nonprofit general hospital (see page 88).

OPERATING ROOMS

Number of operating rooms	2
a. Major operating rooms	1
b. Minor operating rooms	1

UTILIZATION

An analysis of the kind, type and number of patients admitted to and using the 50 bed proprietary general hospital shows 2000 annual admissions, 40 admissions per bed, 345 live births annually, 11,300 patient days of care annually, and 1500 annual newborn infant days of care.

The adult daily census in the 50 bed proprietary general hospital is 31, and the daily newborn census is 4.

The percentage of adult occupancy, therefore, is 61, and the average length of patient stay, 5.6 days.

BED DISTRIBUTION

In most of these hospitals there is a specific bed assignment for special patient groups. Where more than 50 per cent of the hospitals within this size group make such an assignment they are considered

as having specific bed assignments for purposes of this study. Where bed assignments occur in less than half of these hospitals, they are considered as unassigned. The following tabulation shows the specific or unassigned service groupings, the frequency with which they occur, and the average number of beds that are assigned to them:

Medical-surgical patient beds		
a. Frequency of occurrence		almost 3 in 5 hospitals
b. Average number of beds assigned	40	
Obstetrical patient beds		
a. Frequency of occurrence		3 in 5 hospitals
b. Average number of beds assigned	10	
Pediatric patient beds		
a. Frequency of occurrence		1 in 3 hospitals
b. Average number of beds assigned	5	
Isolation or contagious patient beds		
a. Frequency of occurrence		1 in 8 hospitals
b. Average number of beds assigned	6	
Psychiatric patient beds		1 in 33 hospitals
Tuberculosis patient beds		1 in 100 hospitals

SERVICES

Where services are provided in more than half of these hospitals they are considered as being usually available. Services that might be provided but which are found to occur in less than 50 per cent of these facilities are considered as unavailable. Certain of these services may be provided through ar-

(Continued on Page 90)

COMPARISON OF 50 BED PROPRIETARY GENERAL HOSPITAL

The following indicates certain areas of similarity and difference between a 50 bed nonprofit general hospital and a 50 bed proprietary general hospital.

BED DISTRIBUTION

1. More than half of these hospitals in each control group make specific bed assignments for medical-surgical and obstetrical patients. The proprietary hospital assigns a greater number of medical-surgical beds and a lesser number of obstetrical beds than does the nonprofit hospital.

2. There is similarity in the frequency in which both groups make a specific bed assignment for pediatric patients. In those instances where such an assignment is made, the proprietary hospital assigns a lesser number of beds.

UTILIZATION

1. The proprietary hospital shows a greater number of admissions and a shorter length of patient stay than does the nonprofit hospital.

2. In other areas, such as births, patient days of care, census and occupancy, both groups are similar.

SERVICES

1. This size hospital in both control groups usually provides a clinical laboratory, metabolism apparatus, electrocardiograph, central supply room, blood bank, medical record department, x-ray diagnoses, and outpatient department.

2. In addition to the above, the nonprofit hospital will usually have an organized hospital auxiliary.

FINANCIAL

1. Both total assets and plant assets are less in the proprietary hospital. The proportionate relationship of plant assets to total assets is greater in the proprietary group.

2. Both total income and patient income are greater in the proprietary hospital.

3. Although total expenses and payroll expense are greater in the proprietary hospital, the per cent of the payroll to the expense is less in this hospital group than it is in the nonprofit hospital classification.

PERSONNEL

1. The proprietary hospital has approximately the same number of full-time personnel as the nonprofit hospital. This holds for such comparison on a patient, bed and occupied bed basis.

2. The proprietary hospital is less likely to have an organized auxiliary.

3. The average number of volunteers contributing service to the hospital is less in the proprietary hospital.

4. Total graduate nursing personnel is less in the proprietary hospital. This is reflected in a lesser number of part-time general duty nurses. Similarity in both groups exists with regard to administrative, graduate nursing personnel, supervisors and assistants, and head nurses and assistants.

5. The proprietary hospital shows a greater number of private duty nurses.

6. In those proprietary hospitals that have them, there are a greater number of practical nurses, attendants, ward maids, and orderlies than in the nonprofit hospital.

7. In those hospitals that have such personnel, there is similarity in the number of nurse's aides, medical technologists, pharmacists, medical record librarians, other medical record personnel, dietitians, medical social workers, and physical therapists.

8. When such service is provided, the nonprofit hospital is more likely to have a registered full-time occupational therapist while the proprietary hospital is more likely to have a full-time person other than registered working in occupational therapy.

MEDICAL STAFF

1. The nonprofit hospital shows a greater degree of organization of the medical staff as evidenced in committees established by the hospital staff.

2. The nonprofit hospital is more likely to have surgical restrictions on the staff.

3. The proprietary hospital is more likely to provide services for private patients of the medical staff.

4. The nonprofit hospital is more likely to be accredited by the Joint Commission on Accreditation of Hospitals.

5. There is similarity in number of staff appointments in both groups. However, the proprietary hospital has a greater number of courtesy and associate staff while the nonprofit hospital has a greater consultant staff.

NURSERY

1. The proprietary hospital has a lesser number of bassinets.

2. The nonprofit hospital is more likely to have special nurseries for premature infants.

3. Although the nonprofit hospital is more likely to have infant incubators, both groups provide the same number when they do have them.

ADMINISTRATOR

1. Although in both hospital groups the administrator is more likely to be a person who is other than a physician or nurse, the proprietary hospital is more likely to have a physician serving as administrator than is the nonprofit type hospital.

2. In the nonprofit hospital, the administrator is more likely to be a graduate of a college course in hospital administration than in the proprietary hospital.

3. In the proprietary hospital, the administrator is more likely to be a male, while in the nonprofit hospital the administrator is more likely to be a female.

WITH THE 50 BED NONPROFIT GENERAL HOSPITAL

4. Administrative responsibility is more frequently delegated to the night nursing supervisor in the nonprofit hospital than in the proprietary hospital.

OPERATING ROOMS

1. It is more likely that the nonprofit hospital will have one more operating room than the proprietary hospital.

LABORATORY

1. Although the nonprofit hospital will more frequently have a physician staff member specializing in pathology, the pathologist is more likely to be full-time in the proprietary hospital than in the nonprofit hospital.

2. There is similarity in both control groups in the frequency of these hospitals requiring an electrocardiogram on all admissions over 45 years of age.

3. The nonprofit hospital shows a greater frequency in requiring all tissue removed at surgery routinely examined by a pathologist; urinalysis on all admissions, and blood count on all admissions.

4. The proprietary hospital shows a greater frequency in requiring serological examinations for syphilis on all adult admissions; Rh grouping on all pregnancy cases; preoperative blood grouping on all surgical cases; preoperative coagulation on all tonsillectomies, and postoperative urinalysis on all surgical cases.

RADIOLOGY

1. Although the nonprofit hospitals of this size show a greater frequency of physician staff members specializing in radiology, they are likely to have a greater proportion of them on a part-time basis than is the proprietary hospital.

PHARMACY

1. The proprietary hospitals show a lesser proportion operating phar-

macies. In those that do, they also show a lesser proportion employing a full-time pharmacist.

2. There is similarity, however, in the frequency with which both groups have a formulary.

OUTPATIENT DEPARTMENT

1. The proprietary hospital shows a greater number of outpatient and emergency visits.

MEDICAL RECORDS

1. The proprietary hospital of this size is more likely to microfilm medical records than is the nonprofit hospital.

2. Although per cent autopsies of death is the same in both groups of hospitals, the proprietary hospital shows less numbers of deaths and autopsies.

3. Both the proprietary and nonprofit hospitals show the same frequency in use of the Standard Nomenclature of Diseases and Operations.

ADMITTING

1. The proprietary hospital is less likely to routinely admit patients with special diagnoses except for those classed as neurological.

ACCOUNTING

1. The proprietary hospital more frequently calculates depreciation but funds it less frequently than does the nonprofit hospital.

2. The proprietary hospital less frequently operates under a formal budget and less frequently uses the American Hospital Association chart of accounts than does the nonprofit hospital.

PURCHASING

1. Although the frequency with which the proprietary hospital has a central purchasing department is greater, there is similarity in both groups with regard to those having a full-time or part-time purchasing agent.

PUBLIC RELATIONS

1. In general, the proprietary hospital is less likely to employ methods of obtaining opinions concerning the hospital than is the nonprofit hospital.

DIETARY

1. The proprietary hospital is more likely to provide a selective menu for all patients than is the nonprofit hospital.

LAUNDRY

1. The proprietary hospital is less likely to operate a laundry than is the nonprofit hospital.

2. In those hospitals that operate their own laundry and process all soiled linen, the number of pounds processed is greater in total and on a per patient day basis in the proprietary hospital.

3. In those hospitals having laundry done outside the hospital the proprietary hospital shows a lesser amount in both total pounds processed and on a per patient day basis.

SAFETY

1. There is similarity in both groups in the frequency with which they have an organized safety committee and hold regularly scheduled fire drills.

RELIGIOUS

1. The proprietary hospital is less likely to provide religious facilities such as a chapel or meditation or prayer room than is the nonprofit hospital.

2. The same is true with regard to chaplain or visiting clergy services.

AMBULANCE

1. The proprietary hospital more frequently provides ambulance service. This is true in their use of private nonhospital ambulances. They are less likely to operate their own ambulance.

(Continued From Page 87)

rangements with other hospitals and sources. Such arrangements, however, are not reflected in the frequencies shown.

Frequencies of Hospitals Offering:	Per Cent of Hospitals
Clinical laboratory	91
Basal metabolism apparatus	91
Electrocardiograph	89
Central sterile supply room	63
Blood bank	52
Electroencephalograph	6
Dental department	10
Hospital auxiliary	6
Medical record department	82
Operating rooms	95
Obstetrical delivery rooms	86
Medical staff library	46
Pharmacy	36
Physical therapy department	25
Postoperative recovery room	14
Occupational therapy department	4
X-ray diagnosis	96
X-ray therapy	18
Premature nursery	29
Radioactive isotope therapy department	2
Routine chest x-ray on admission	23
Social service department	2
Outpatient department	51
Patients' library	18
Cancer clinic	5
Rehabilitation department	2
Children's educational program	1
Mental hygiene clinic	0

PERSONNEL

The number of full-time personnel employed by the prototype 50 bed proprietary short-term general hospital is 56. The number of full-time personnel per 100 patients is 181, with the number of full-time employees per bed, 1.12, and the number of full-time employees per occupied bed, 1.8.

One in 20 of the 50 bed proprietary hospitals has an organized auxiliary. For those hospitals having an organized auxiliary, the membership would be 29, with the number of members of the auxiliary actually working in the hospital numbering 10. The number of persons other than hospital auxiliary contributing volunteer service is 7.

There are 14-15 graduate nurses employed in the prototype 50 bed short-term proprietary hospital. Of these, one is a nursing administrator, 2 are supervisors and assistants, and 2 are head nurses and assistants.

Seven full-time nurses, or 48 per cent of the graduate staff, are employed on general duty and 2-3 general duty nurses are on a part-time status. Three or four nurses are available for private duty.

In hospitals having them, the number of other nursing personnel employed is: practical nurses, 10-11; attendants, 3-4; nurse's aides, 10; ward maids, 3; orderlies, 3.

Where they are employed at all (see chart on page 88) the prototype 50 bed proprietary hospital has one each of the following full-time employees: pharmacist, dietitian, medical social worker, and one or two medical record personnel.

The 50 bed prototype hospital would also have the following full-time personnel: two medical technologists (one registered and one not registered); two x-ray technicians (one registered and one not registered); one medical record librarian (not registered); one occupational therapist (not registered), and two physical therapists (one registered and one not registered).

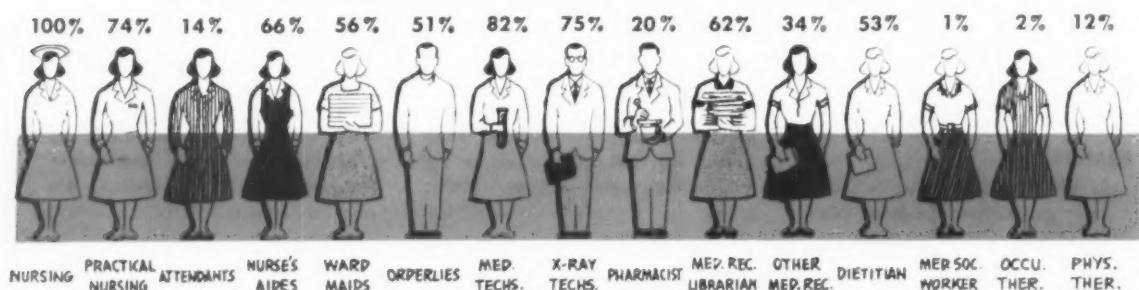
LABORATORY

Frequency of Hospitals Having:	Per Cent of Hospitals
Physician staff members specializing in pathology	42
a. Full-time	11
b. Part-time	31
All tissue removed at surgery routinely examined by a pathologist	76
Urinalysis on all admissions	86
Blood count on all admissions	77
Serological examinations for syphilis on all adult admissions	54
Electrocardiograph on all admissions over 45 years of age	3
Rh grouping on all pregnancy cases	55
Preoperative blood grouping on all surgical cases	37
Preoperative coagulation on all tonsillectomies	76
Postoperative urinalysis on all surgical cases	46
No tests without doctor's orders	12
Laboratory facilities available to private ambulatory patients of physicians	90

DEATHS AND AUTOPSIES

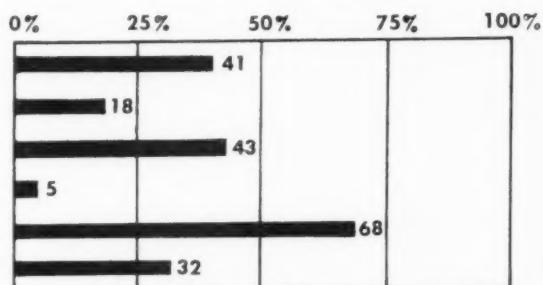
There are 41 deaths annually in the prototype hospital. These deaths make up 2.0-2.1 per cent of admissions. The number of annual autopsies performed in the prototype hospital is 4, being 10 per cent of the total of the number of deaths. Seven of the annual deaths are released to legal authorities, or 0.3-0.4 per cent of admissions.

PERCENTAGE OF 50 BED HOSPITALS HAVING THE FOLLOWING PERSONNEL



BACKGROUND OF CHIEF ADMINISTRATIVE OFFICERS IN 50 BED HOSPITALS

Frequency of Hospitals:	Per Cent of Hospitals
Where chief administrative officer is a physician	41
Where chief administrative officer is a graduate nurse	18
Where chief administrative officer is other than a physician or a nurse	43
Where chief administrative officer is a graduate of a college course in hospital administration	5
Where chief administrative officer is a male	68
Where chief administrative officer is a female	32



ADMINISTRATOR

There is a full-time assistant administrator in 43 per cent of the 50 bed proprietary hospitals studied. Administrative responsibility is delegated to the night nursing supervisor in 71 per cent of the hospitals, while an administrative staff member is on duty at night in 23 per cent of the hospitals.

MEDICAL RECORDS

Only one in 13 of the 50 bed proprietary hospitals microfilms medical records. Three in four of the hospitals use the Standard Nomenclature of Diseases and Operations.

MEDICAL STAFF

The frequency of hospitals having certain services and organizational relationships is as follows:

	Per Cent of Hospitals
Chief of staff	87
Chiefs of services	56
Written staff regulations	65
Regular staff meetings	73
Standing staff committees	51
Executive staff committee	42
Medical record committee	35
Credentials committee of staff	30
Tissue committee of staff	24
Education committee of staff	6
Pharmacy committee of staff	8
Dietary committee of staff	10
Nursing committee of staff	19
Psychiatrist on staff	26

(Where 50 per cent or more of these hospitals have a particular staff relationship or service it is considered to be the practice in terms of this study. Where less than 50 per cent of these hospitals have such a relationship or service it is considered as not being available.)

Surgical restrictions are placed on the staff in 62 per cent of the hospitals. Nonstaff members are permitted to practice in 44 per cent of the hospitals.

Examining rooms for ambulatory patients of the medical staff are provided in 63 per cent of the 50 bed proprietary hospitals; private physicians' offices in or on the hospital grounds are provided in 43 per cent; x-ray facilities are available to private ambula-

tory patients of the staff in 92 per cent, and laboratory services are available to private ambulatory patients of the staff in 90 per cent.

Eighteen per cent of the 50 bed hospitals have received accreditation by the Joint Commission on Accreditation of Hospitals.

The number of staff physician appointments averaged 35.36, including active staff, 16; associate staff, 3.4; courtesy staff, 10.11; consultant staff, 4; honorary staff, 0.1.

The number of staff physician appointments per 100 beds averaged 69, divided as follows: active staff, 32; associate staff, 7; courtesy staff, 21; consultant staff, 8; honorary staff, 1.

PUBLIC RELATIONS

Frequency of Hospitals Using:	Per Cent of Hospitals
Booklet for patients	13
Booklet for employees	9
Regularly published house organ	4
Printed annual report	5
Patient opinion poll	12
Personnel opinion poll	8
Medical staff opinion poll	9
Community opinion poll	0
No polls	80

NURSERY

The 50 bed proprietary hospital has 8 bassinets. Eighteen per cent of these hospitals have special nurseries for premature infants, while 70 per cent have infant incubators. In those hospitals having them, there are two infant incubators. Bead bracelets are used for identification in 78 per cent of the hospitals; tape bracelets are used in 15 per cent.

RADIOLOGY

Frequency of Hospitals Having:	Per Cent of Hospitals
Physician staff members specializing in radiology	48
a. Full-time	16
b. Part-time	32
X-ray facilities available to private ambulatory patients of physicians	92
Chest x-ray on admission	23

PHARMACY

One in three of the 50 bed general proprietary hospitals operates a pharmacy. Of these, one in five

has a full-time licensed pharmacist. Almost one in two of these hospitals has a drug formulary.

DIETARY

Frequency of Hospitals With:	Per Cent of Hospitals
Dietitians (full-time or part-time)	53
Central food service layout	95
Decentralized food service layout	5
Selective menus for all patients	37
Selective menus for private patients only	6
No selective menus	57
Manual and centralized dishwashing	33
Manual and decentralized dishwashing	5
Mechanical and centralized dishwashing	61
Mechanical and decentralized dishwashing	1

ADMITTING

Admitting records are duplicated by a typewriter in 52 per cent of the hospitals studied, by a mimeograph in 1 per cent, and by hand in 39 per cent. None of the hospitals uses liquid or gelatin or plate imprint methods.

The following percentage of the 50 bed proprietary hospitals routinely treat patients with the indicated diagnosis:

	Per Cent of Hospitals
Alcoholics	21
Cancer	62
Cardiac	83
Dermatologic	57
Drug addiction	5
Epileptic	17
Gynecologic	75
Isolation (contagion)	18
Medical	97
Mental deficient	4
Neurologic	29
Obstetric	88
Ophthalmic	47
Orthopedic	79
Otorhinolaryngologic	42
Poliomyelitis	7
Psychiatric	5
Surgical	95
Tuberculosis	3
Urologic	69
Venereal disease	19
Acutely ill	98
Chronically ill	71
Convalescent and rest	17
Geriatric	32
Industrial	69
Pediatric	79

ACCOUNTING

Depreciation is calculated in 92 per cent of the 50 bed proprietary hospitals, the depreciation being funded in 15 per cent. Eighteen per cent of the hospitals operate under formal budgets, and 38 per cent use the American Hospital Association chart of accounts.

PURCHASING

A central purchasing department is to be found in 80 per cent of the 50 bed proprietary hospitals studied. Of those hospitals which have central purchasing, a full-time purchasing agent is employed by 19 per cent and a part-time man by 76 per cent.

FINANCIAL

Total assets	\$200,000
Total assets per bed	\$ 4,000
Plant assets	\$160,000
Plant assets per bed	\$ 3,200
Per cent plant assets of total assets	80%
Total annual income	\$254,000
Total income per patient day	\$ 22.50
Annual patient income	\$235,000
Patient income per patient day	\$ 20.80
Per cent patient income of total income	92%
Total annual expenses	\$245,000
Total expenses per patient day	\$ 21.70
Annual payroll expenses	\$130,000
Payroll expense per patient day	\$ 11.50
Per cent payroll of total expenses	53%

OUTPATIENT DEPARTMENT

Annual number of outpatient visits	9300
Annual number of emergency visits	1150

LAUNDRY

Three in 10 of the hospitals studied operate their own laundry and process all soiled linen. In these hospitals, 2800 pounds are processed per week and 145,000 pounds per year, averaging 13 pounds per patient day.

For the hospitals that do not operate their own laundry, 2 in 3, the number of pounds processed per week is 1750, or a total of 91,000 pounds per year, for an average of 8 pounds per patient day.

AMBULANCE

Frequency of Hospitals Which:	Per Cent of Hospitals
Provide ambulance service	97
Operate own ambulance	1-2
Use city or publicly owned ambulances	8
Use private nonhospital ambulances	87

SAFETY

An organized safety committee is to be found in 31 per cent of the hospitals studied. Written fire emergency and evacuation plans are found in 42 per cent of the hospitals, while regularly scheduled fire drills are held in 26 per cent of the hospitals. A written plan for mobilization of employes and medical staff has been devised in 25 per cent of the hospitals studied, and this plan has been integrated into the master community plan in 23 per cent of the hospitals. A representative of the hospital sits on the community disaster planning committee in 51 per cent of the hospitals.

RELIGIOUS

Frequency of Hospitals With:	Per Cent of Hospitals
A chapel	0-1
A meditation or prayer room	4
An organized visiting clergy staff	33
A chaplain available	43
A full-time chaplain	0
A part-time chaplain	3
A chaplain on call only	42

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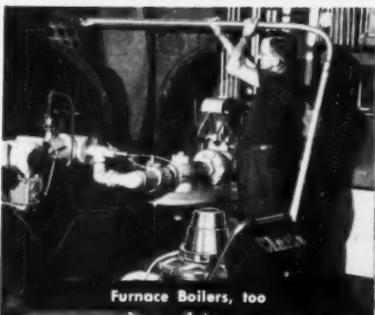
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There's No Substitute for the Pharmacist

This study of pharmaceutical service in small hospitals in Michigan indicates how a professional pharmacist can render outstanding service to small and large hospitals in terms of efficiency, safety and economy to the patient

ALEX BERMAN and M. ALAN POOLE

AT PRESENT 90 per cent of the general and short-term hospitals of 100 beds or more in the United States are staffed with full-time hospital pharmacists, which means that about 1800 or more of the approximately 2000 hospitals in this category utilize pharmacists on a full-time basis.

We are confronted with an entirely different situation with respect to small hospitals. Here a problem exists, nationwide in scope, involving pharmacy service in the more than 5000 hospitals which have fewer than 100 beds. A large majority of these hospitals do not have the full-time or part-time services of a professional pharmacist. It is with this problem that the present study is concerned, specifically as it exists in Michigan.

In proceeding with our survey, the following broad objectives were kept in mind:

1. To determine the elements required to render necessary pharmaceutical services and to establish the existing facts concerning such services.

2. To determine the possible rôle of established retail pharmacies in providing services to small hospitals.

3. To determine how to provide the best possible pharmaceutical services most efficiently and at most reasonable cost.

4. To stimulate institutes or short refresher courses for pharmacists and

other hospital personnel concerned with pharmacy service.

Because of the complexity of the problem, this study, originally intended to be a one-year project, will now be continued for another year. The first year's project has yielded important data, however, which will be indispensable for the continuation of our work during the second year.

1. We have obtained data from 102 short-term, general hospitals of fewer than 100 beds in Michigan, a sample representing more than 90 per cent of the 109 hospitals in this category. Each of the administrators of these 102 hospitals was personally interviewed, and the majority of them also responded to a questionnaire.

2. Only 30, or less than 30 per cent of the 102 hospitals studied, utilize the services of a professional pharmacist on either a part-time or full-time basis. Nine of these hospitals have a full-time pharmacist on their staffs; another nine hospitals have a part-time pharmacist on their staffs, and 12 hospitals have succeeded in establishing some system of drug control and standardization through arrangements with local retail pharmacists.

3. What about the remaining 72, or approximately 70 per cent, of the hospitals in the sample? By and large these hospitals send their prescriptions out to be compounded by retail pharmacists. But the professional pharmacist, and this includes the drugstore owner, should be able to do more for the hospital than merely compound prescriptions. To render a comprehen-

hensive service to the hospital, the retail pharmacist, working closely with the administrator and the medical and nursing staff, should be able to introduce and supervise a significant program of drug control and standardization.

4. Thirty-five, or almost half of the administrators of the 72 hospitals not utilizing the services of a pharmacist, indicated the need for improvement in pharmacy service. Of these, four administrators stated that a great deal of improvement was necessary.

5. Half of the administrators in the 72 hospitals that do not utilize the part-time or full-time services of a pharmacist cited financial reasons as making it impossible for them to employ a pharmacist. However, 26, or roughly 36 per cent of the administrators, thought that a financial solution might be achieved by employing a pharmacist who could combine pharmaceutical functions with other duties such as x-ray, laboratory, general administrative, and other activities, or in sharing a pharmacist with another hospital or a retail drugstore. Ten administrators stated flatly that they had tried but were unable to obtain the services of a pharmacist.

6. Generally speaking, the administrators of the 30 hospitals having drug standardization and controls instituted and supervised by full-time or part-time pharmacists expressed satisfaction that their hospitals and patients were getting good service.

Six of these administrators stated that employing a pharmacist had great-

Mr. Berman is assistant professor, college of pharmacy, University of Michigan, and program director of this study of pharmaceutical service in small hospitals of less than 100 beds in Michigan. Mr. Poole is assistant director of the study.

IN

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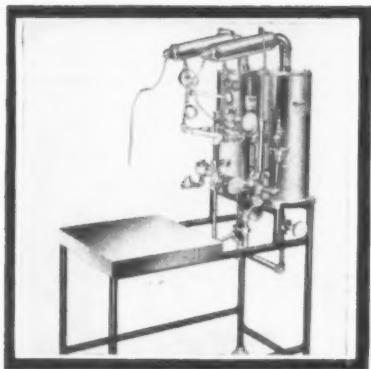
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¹Donnelly, J. F. North Carolina M. J. 18:191, 1957.

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ly improved the financial status and efficiency of their pharmacy operation, and they were enthusiastically convinced that all small institutions should follow suit in obtaining the assistance of a professional pharmacist. (This information is based on interviews with administrators of the following: one hospital in the 25-49 bed category employing a part-time pharmacist; one hospital in the 25-49 bed category employing a full-time pharmacist; two hospitals in the 50-74 bed category having arrangements with community pharmacist; one hospital in the 50-74 bed category employing a full-time pharmacist, and one hospital in the 75-99 bed category employing a full-time pharmacist.)

7. As an indication of the volume of drugs handled in small institutions, the findings show that average annual drug purchases (excluding anesthetic gases) ranged from \$5577 to \$35,242. The former figure was an average derived from the 22 hospitals under 25 beds that did not utilize the services of a professional pharmacist; the latter sum occurred as an average for five hospitals within the 50-74 bed group employing full-time pharmacists.

SPENT \$1,447,855

The total annual purchases of drugs (excluding anesthetic gases) for 96 hospitals in the survey from which financial data could be obtained was \$1,447,855.

The lowest average drug inventory was \$2479 for all of the 22 institutions under 25 beds, while the highest average inventory figure of \$9781 was recorded for two hospitals in the 75 to 99 bed group. Both of the latter employed full-time pharmacists.

8. About 35 per cent of all administrators interviewed were strongly interested in seeing our pharmacy school develop some program along the lines of extension work, institutes, workshops or other forms of field work dealing with pharmacy service in small hospitals. Many other administrators saw merit in a program of this sort, but wondered how this could be carried out. In many cases both the administrator and the community pharmacist were unaware of the full scope of services a professional pharmacist could render to the hospital. It seems obvious that if our project is to be a meaningful one, our school must sponsor an educational program for community pharmacists and administrators.

Our findings have enabled us to ascertain for the first time, with a reasonable degree of accuracy, the distribution and extent of professional pharmacy service in the small hospitals of Michigan. These quantitative data can be correlated with the size of hospitals (i.e. hospitals in the following groups: less than 25 beds; 25-49 beds; 50-74 beds, and 75-99 beds).

The statements made by a significant number of administrators support the assumption that qualified pharmacists are necessary to maintain good pharmacy service in small hospitals. A substantial number of administrators are conscious of the need for improving pharmacy services in their hospitals; many of them who cite financial difficulties as blocking the employment of a pharmacist are favorably disposed to sharing a pharmacist with another hospital or retail store, or in engaging a pharmacist who could combine pharmaceutical functions with other duties. From the information gathered on annual drug purchases, it would seem that the smaller hospitals have a considerable financial and legal stake in maintaining efficient controls, which a professional pharmacist is equipped to handle. Finally, and most important, the findings show that there is a great need to educate many pharmacists and administrators in the potential services that the pharmacist can render to the small hospital—services that can materially contribute to the improvement of patient care.

As part of our plans for the coming year, we expect to set up a number of project demonstrations or pilot studies to be carried out by a specialist from our college of pharmacy, who would seek to demonstrate under "workshop" conditions the extent to which a professional pharmacist can provide substantial service to the hospital. He would first confer with the administrators of the hospitals, their medical and nursing staffs, and with pharmacists in communities previously selected on the basis of case studies and the interest these administrators have shown in developing such a program. Upon the successful completion of about six project demonstrations, we would be prepared to undertake the second phase of the educational program. During this second phase, a number of meetings and panel discussions would be held in which administrators, pharmacists and other persons interested in this problem would participate.

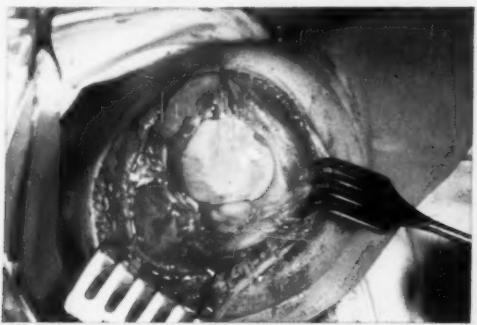


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1. Radiograph (A-P view). Shoulder prior to surgery. Note atrophy of muscle and soft tissue, and relaxation of joint.



2. Skin draped. Saber incision outlined at acromion.



3. Acromion denuded of cartilage. Shoulder capsule opened.



4. Acromial process of the scapula osteotomized.
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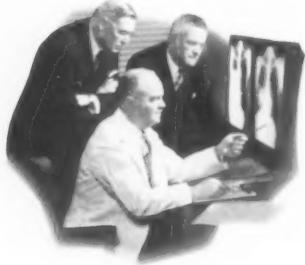
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5. In succession: Flap is osteotomized in head of humerus; cartilage is denuded from head of humerus, which is joined to acromial process.



6. Acromial process now in head of humerus.



7. Cuff of shoulder capsule reefed to scapula.

8. Wound closed and prefitted cast applied.



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Acute Convulsive Disorders in Children

Although convulsions are a common emergency among children, they must be regarded as one of the most important symptoms of illness in childhood and, as such, they demand a great deal of thought as to the treatment, diagnosis and prognosis

THE treatment of acute convulsive disorders in children is a common medical emergency. Most convulsions, especially in children, are self-limited, and the usual experience of the physician is to find the attack terminated by the time he sees the patient, making the need for diagnosis greater than that for treatment.

Unfortunately, many convulsions are sufficiently prolonged so that the need for stopping the seizure becomes urgent. Status epilepticus refers to a state of recurring major motor seizures between which the patient does not regain consciousness. The longer such seizures continue the more probable is a fatal outcome. Too little is known about the effect of seizures on the central nervous system, but most authorities agree that each seizure leaves some cerebral deficit and that anticonvulsant therapy should be instituted as soon as possible.

The treatment of many seizure states depends on a knowledge of their etiology, and some seizures may be effectively stopped only by the institution of specific therapy for the underlying disease. For this reason it is valuable to have in mind the etiologic possibilities that are inherent in acute seizure states.

DIAGNOSIS

The etiologic classification of convulsive disorders, shown in Table 1, attests the large number of conditions that may be associated with convulsions in childhood. It is important when the physician attempts to establish a diagnosis to keep in mind that

a convulsion is a symptom, not a disease, and that no system of examination or analysis can substitute for careful observation and conscientious study of the patient.

Any type of seizure may occur as a manifestation of a disease involving the brain, but by far the commonest are the generalized tonic and clonic convulsions of a pattern similar to the grand mal attacks of epilepsy. A convulsion may be spontaneous or correlated with some obvious stimulus. At the present time there is no solution as to why certain stimuli will precipitate convulsions in some children but not in others under similar circumstances.

Table 1—Etiologic Classification of Disorders That May Be Associated With Childhood Convulsions

Simple febrile convulsions
Neoplastic disease, infections or hemorrhage occurring intracranially
Toxic, i.e. convulsant drugs, lead encephalopathy, "kernicterus"
Metabolic or nutritional disorders
Renal disorders
Cardiovascular dysfunction, syncopal attacks or anoxia
Narcoplepsy and cataplexy
Allergy
Migraine
Parasitic brain disease
Epilepsy
Cryptogenic (idiopathic, primary, essential, genuine)
Secondary (organic, symptomatic)
post-traumatic
post-hemorrhagic
post-infectious
post-toxic
degenerative
congenital

Modification of a table in Mitchell & Nelson's "Textbook of Pediatrics."

Figures 1 and 2 emphasize the importance of considering the age factor as an aid in diagnosis. Convulsions in children under 5 years of age are surprisingly frequent; they occur in from 5 to 7 per cent of the normal population, and they are commoner in the first two years of life than at any other time. In very young infants cerebral trauma (including the anoxia and intracranial hemorrhage of birth injury) and congenital brain defects are the most frequent causes of convulsions, with acute infections second in importance. (See page 100.)

From later infancy to about 3 years of age acute infections (intracranial and extracranial) become the chief etiological factor. The incidence of epilepsy rises steadily from birth and at about the third year becomes the most important cause of convulsive seizures, being the etiologic factor in from 70 to 90 per cent of convulsions occurring from the third to the sixteenth years of life.

An accurate diagnosis depends upon the patient's history and the results of the physical examination, laboratory and other diagnostic procedures. The characteristics of the convulsions are usually of little aid in diagnosis unless sharply localized or lateralized, but the presence or absence of pallor, staring, rigidity, vomiting, loss of awareness or consciousness, as well as the local or generalized nature of the convulsions, should be ascertained. A thorough case history including the following information should be obtained:

1. History of the pregnancy. Deter-

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mine whether difficult delivery or prolonged labor occurred, whether neonatal anoxia, jaundice or cyanosis was present.

2. Age of the patient and number of previous attacks, if any.

3. History of predisposing factors, e.g. circumstances of dietary deficiency, available toxins, exposure to infection, hemorrhagic tendency, cerebral disease or trauma immunization (especially for pertussis), hereditary predisposition or family history of epilepsy.

4. Symptoms and circumstances preceding the attack, e.g. whether it can be precipitated by withholding food and whether it occurs with pallor, sweat, irritability and apprehension, as is usually the case in hypoglycemic convulsions; whether the attack appeared spontaneously as generally occurs with epilepsy, and whether other prodromata such as aura, muscle cramps, fever, headache, vomiting or vertigo occurred.

MAKE CAREFUL EXAMINATION

A careful physical and neurological examination should be done. The presence or absence of fever in a convulsing child is very important, and the convulsion may be the first sign to draw attention to the fever. An elevated temperature associated with convulsions generally indicates an acute infectious process, the commonest being tonsillitis, otitis media, and pneumonia.

The skin may provide clues, such as the excessive pigmentation of early neurofibromatosis, the adenoma sebaceum of tuberous sclerosis, or hemangiomas about the face or skull suggesting a Sturge-Weber syndrome. Papilledema, chorioretinitis, hemorrhage and degenerative changes may suggest the diagnosis, making an adequate funduscopic examination essential.

Chronic infection of the sinuses or middle ear may suggest brain abscess, whereas fever, hyperesthesia, stiff neck, or positive Kernig's sign would suggest meningitis or meningoencephalitis. Positive Chvostek's, Trouseau's and peroneal signs, as well as carpopedal and laryngeal spasm, may indicate tetany. Evidence of subnormal mental development or motor deficits may point to congenital cerebral maldevelopment or birth injury residue as responsible for the convulsion.

It may be difficult to determine whether the postconvulsive depression is a sequel to the seizure or is due to a neurological disorder existing

prior to the convulsion. Serial neurological examinations may be necessary for such a differentiation.

If the history and physical examination do not produce a conclusive diagnosis, the following special blood examinations may be indicated:

1. Inorganic phosphate, calcium and alkaline phosphatase serum levels (infantile tetany, hypoparathyroidism).

2. Lead concentration in the blood (lead encephalopathy).

3. Nonprotein-nitrogen (uremic convulsions).

4. Fasting blood sugar, glucose, tolerance, insulin sensitivity (hypoglycemic convulsions).

5. Serological examination for syphilis (CNS lues).

6. Examination and culture of blood for bacteria and for parasites (cerebral malaria, septicemia, and so on).

A routine urinalysis should be done plus examination for lead porphyrins if indicated. Cerebrospinal fluid examination should be made (in the absence of signs of increased intracranial pressure) in those patients with an elevated temperature for which no extracranial cause can be found, or in which intracranial hemorrhage is suspected. A bilateral subdural puncture should be performed in infants when necessary to rule out a subdural hematoma. Skull x-ray examination may reveal thinning, suture separation, or pathological calcification. If an intracranial lesion is suspected, pneumoencephalography or cerebral arteriography may be indicated.

Whether the convulsion is an isolated incident or one of a series of recurrent seizures, electroencephalography

may furnish evidence for establishing a diagnosis. This procedure is most helpful when performed from 36 to 48 hours after the convulsion is controlled and may reveal the shifting and diffuse high voltage activity and irregular slowing suggestive of encephalitis, or focal or generalized alteration in rhythm and voltage may point to cerebral trauma, tumor or epilepsy.

TREATMENT

The drugs and procedures that have been reported as useful for the control of acute convulsions are about as numerous as the causes are variable; they range from ether and chloroform inhalation to gastric lavage and dilatation of the anus. Most physicians are familiar with the difficulty in evaluating reportedly successful clinical procedures. Much of the uncertainty in evaluation is due to the fact that the majority of infantile convulsions cease spontaneously, and any apparently successful procedure instituted prior to cessation of a seizure is likely to be considered as a specific mode of treatment.

The agents and procedures listed in Table 2 are the ones most frequently employed clinically. Few well controlled studies of the relative efficacy of drugs for the emergency treatment of the acute seizure states are available, and careful clinical comparisons of the drugs in use are needed.

The most widely used anticonvulsant drug for treating acute seizures is phenobarbital. Although anesthetic doses of all the commonly used barbiturates are capable of stopping convulsions.

(Continued on Page 104)

FIG. 1

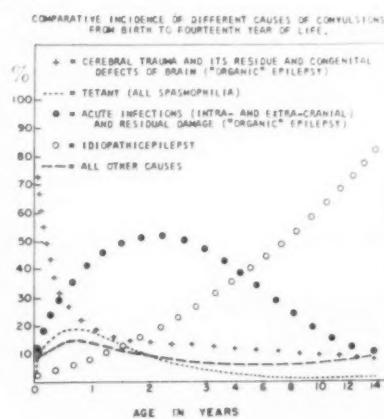
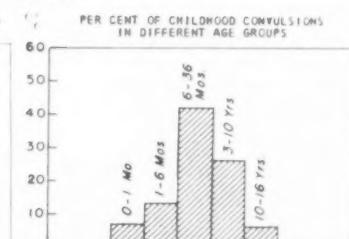


FIG. 2



Modification of a table by
M. G. Peterman in the American
Journal of Diseases of Children,
October 1946, p. 399.

Figs. 1 and 2 emphasize the importance of considering the factor of age as an aid in diagnosis, since convulsions are frequent in children under 5 and are most likely to occur between the ages of 6 months and 3 years.

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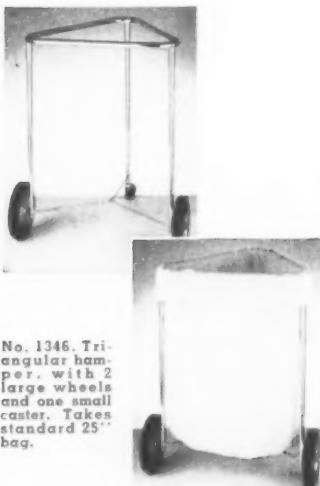
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Table 2—Agents Most Frequently Employed for the Treatment of Acute Seizures and Status Epilepticus in Children*

Drug	Dose	Route	Remarks
Phenobarbital	6-10 mg. Kg.	IM or IV 10% sterile sol.	Mainly excreted by kidneys; do not employ when renal function is impaired. Repeat if necessary in 15-20 min. at $\frac{1}{2}$ initial dose. Prolonged specific anticonvulsant activity.
Secobarbital (Seconal)	4-6 mg. Kg.	Rectal instillation	Insert perforated capsule high into rectum, avoiding a fecal mass. Tape buttocks to avoid expulsion.
Amobarbital	6-7 mg. Kg.	IM or IV 10% sterile sol.	Effective anticonvulsant dose equals anesthetic dose. Mainly degraded by liver, therefore use cautiously in patients with impaired liver function.
Chloral hydrate	25-50 mg. Kg.	Instill rectally in olive oil or suppository form	Sedative and soporific use similar to paraldehyde and barbiturates. Do not use as a general anesthetic. Contraindicated with hepatic and renal disease as well as with severe cardiac disease.
Paraldehyde	0.5 ml. Kg.	IM or as a re- tention enema in olive oil or saline)	Contraindicated with hepatic and bronchopulmonary disease. Inject into gluteal muscle mass, avoid nerve trunks.
Vinyl ether	Titrate patient to light anesthesia	Open drop. Assure O ₂ supply	Extremely potent. Do not "push." Dangerous levels of anesthesia can be rapidly produced. Give only to the point of light anesthesia. Contraindicated with liver or kidney disease. Explosive.
Chloroform	Titrate patient to light anesthesia	Open drop. Assure O ₂ supply	Extremely potent. Do not "push." Contraindicated in hepatic, cardiac and renal disease and in anemia, acidosis and diabetes.
Tribromoethanol (Avertin)	60-80 mg. Kg.	Rectal instillation	A basal anesthetic. Can be continued over a period of days. Requires constant care. Drug is safe only in doses giving basal anesthesia. Contraindicated in hepatic and renal disease and diseases of rectum and colon.

*Doses listed in this table are conservative and may be exceeded as necessary with careful observation of vital signs. With the inhalation anesthetics the usual precautions must be observed. Since the patients are generally not fasted, emesis and aspiration are especially dangerous. Facilities for intubation and tracheotomy should be on hand for cases in which inhalation anesthetics are used and may be necessary even in unmedicated cases of prolonged or severe convulsions.

(Continued From Page 100)
phenobarbital has a selective anticonvulsant activity that is not proportional to its anesthetic action. The main argument against the use of phenobarbital appears to be a delay in onset of its depressant action even when it is injected intravenously. Many clinicians prefer to use a barbiturate with a more rapid effect, such as amytal, although it must be given in almost anesthetic doses. The factor of sedation is an important one, and the ideal anticonvulsant agent would be one devoid of sedative properties.

Whatever the agent, only enough should be administered to control the seizures. Postictal depression may summate with therapeutic depression and cause the patient to sink into coma after the seizure has stopped if too large a dose has been given. Close observation of respiration is in most cases a reliable index of therapeutic

depression. Although chloroform has its own special dangers, it is extremely potent in stopping seizures at less than anesthetic levels. With status epilepticus of any origin, a useful procedure is to stop the seizures quickly with vinethene or ether and then administer phenobarbital or other anticonvulsant agents while the patient is under the effects of the anesthetic agent. Recurrent seizures should be managed by antiepileptic regimens and may require more specific therapy (e.g. tridione for petit mal) than treatment of the acute seizure state.

In addition to anticonvulsant medication the following supportive measures should be observed:

1. Maintain an adequate airway and oxygen supply.
2. Never use morphine or opium derivatives since they depress respiration, may cause vomiting, and are not anticonvulsant. (Cont. on p. 106)

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3. To prevent damage to the tongue and mouth, place a padded tongue blade between the teeth.
4. Use only mild restraint and place guard rails on the bed. Allow no pillows and keep the patient off soft mattresses.
5. Don't try hot baths and mustard packs as they are ineffective and harm more patients than they help.
6. If the convulsion is associated with a high temperature, use aspirin as tolerated and or cool enemas and sponge baths or apply ice packs.
7. Maintain the patient's fluid and nutritional intake, and institute prompt shock therapy when indicated.
8. Administer prophylactic antibiotics in the case of status or if the convulsions are unduly prolonged and where there is suspicion of aspiration.
9. Allow patient undisturbed rest.

PROGNOSIS

Convulsions, in general, can be divided into two groups: (1) the acute nonrecurring type, and (2) the chronic recurrent type for which the term epilepsy is reserved. Prognosis depends on the cause of the convulsion. As shown in Table 3 some of the etiologic factors responsible for the

Table 3—Etiologic Factors Responsible for Acute Convulsions That May Be Responsible Through Functional or Structural Cerebral Changes for Chronic Convulsions

(Arrow identifies factors which may stimulate convulsions and also produce cerebral changes which may then serve to precipitate recurrent convulsions.)

Acute, symptomatic	Chronic, recurrent (epilepsy)
Birth trauma - - - - -	✓
CNS infection - - - - -	✓
Lead poisoning - - - - -	✓
Anoxia - - - - -	✓
Postnatal vascular accident - - - - -	✓
Postnatal cerebral trauma - - - - -	✓
Hypoglycemia - - - - -	✓
Hypocalcemia - - - - -	✓
Acute nephritis - - - - -	✓
Renal insufficiency - - - - -	✓
Allergic phenomenon - - - - -	✓
Febrile convulsions - - - - -	✓
Causes unknown - - - - -	✓

From symposium on Convulsive Disorders in Children. Pediatrics 4:672 (November) 1949.

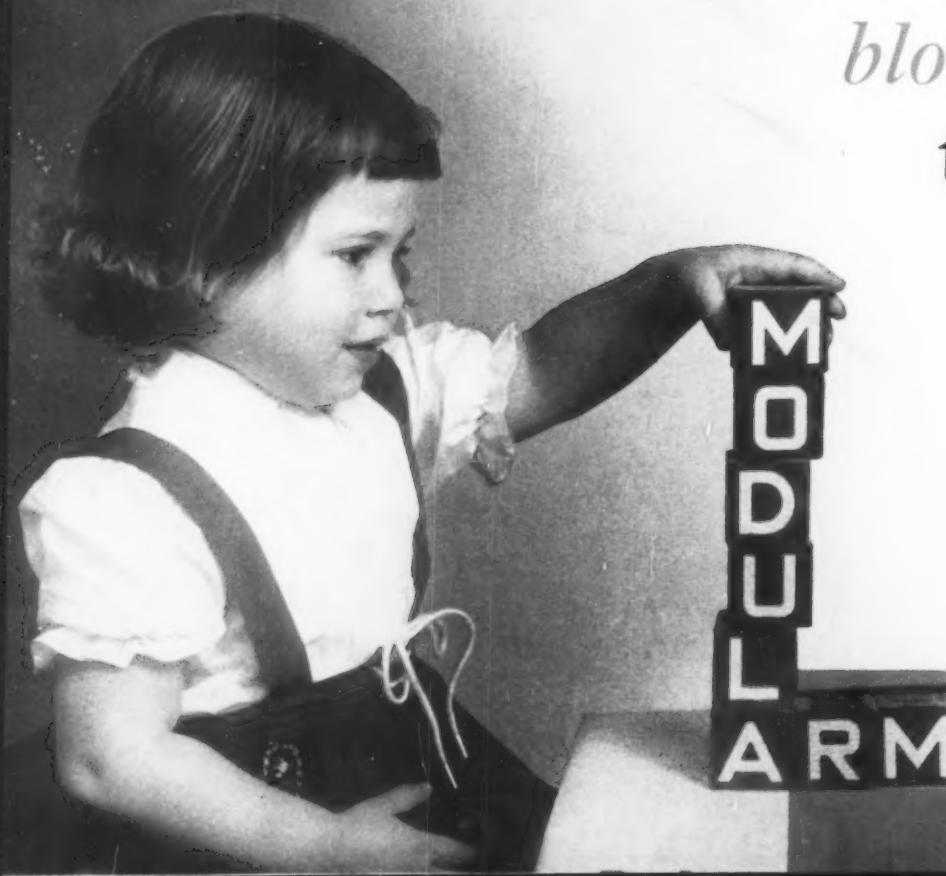
acute convulsions may also, by virtue of functional or structural cerebral changes, be responsible for certain of the chronic or recurrent convulsions.

Epilepsy refers to recurrent spells characterized by a symptom complex of impaired consciousness or loss of consciousness with or without clonic or tonic muscle activity. By definition early seizures are simply convulsions and are not diagnosed as epilepsy until there are recurrences or until further

study has made the diagnosis of epilepsy certain.

The exact relationship of childhood convulsions to the development of recurrent convulsions (epilepsy) later in life varies in several studies. In one study 20 per cent of the epileptic patients gave a positive history of infantile convulsions in contrast to 4 per cent of the nonepileptic patients. In another, 40 per cent of epileptic patients gave a history of infantile con-

*Building
blocks
that spell a*



vulsions, and still another indicated that the occurrence of epilepsy was 12 times more frequent in those who had infantile convulsions than in those who had not.

The so-called "febrile convulsions" of childhood merit special mention. They are more frequent in the first 3 years of life and rarely occur after 6 years of age. Dr. Peterman defines such an episode as a major seizure precipitated by a nonspecific fever of a variable degree in a person with a potential convulsive disorder. A child who has had even one febrile convolution has demonstrated an unstable cortex, his threshold for discharge being lower than the accepted normal. Patients who present evidence of central nervous system infections, such as meningitis or encephalitis, are not designated as having febrile convulsions. With intracranial infections the convulsions usually precede or accompany the rise in temperature and occur at any age, whereas with extracranial infection the fever precedes and precipitates the seizure.

As with any other seizure there is considerable controversy concerning the relationship of febrile convulsions in childhood to the later development

of epilepsy. In general, the prognosis for recovery (freedom from seizures for two to three years) is excellent unless the patient presents with one of the following:

1. Prolonged convulsions (over one-half hour).
2. Focal convulsion.
3. Strong family history of epilepsy.
4. Recurrent afebrile convulsions.
5. Specific EEG abnormalities.

On occasion electroencephalography will be helpful in determining the prognostic significance of a single convolution. An electroencephalogram taken immediately after the convolution is of little or no value. A normal record at this time may be reassuring but not convincing, and marked abnormalities during this period may be due to temporary postconvulsive changes and give no indication of the underlying disorder. Any temporary changes will usually have disappeared within from 36 to 48 hours, and the EEG is of greatest value when obtained after this time.

The period from 6 months to 3 years is generally designated as the convulsive age of childhood since from 45 to 50 per cent of all convulsions occur during these 30 months. The

onset of idiopathic epilepsy tends to occur predominantly from 3 to 10 years of age. It becomes important then for the physician to regard a convolution as one of the most important symptoms of illness in childhood, one that demands considerable thought as to immediate treatment, diagnosis and prognosis.—

WILLIAM B. SHORT Jr. and HARRY L. WILLIAMS, M.D.

SELECTED REFERENCES

1. Buchanan, D.: Med. Cl. Nor. Amer., 30:163, 1946.
2. Goodman, L. S., and Gilman, A.: The Pharmacological Basis of Therapeutics, Ed. 2. New York: The Macmillan Company, 1955.
3. Lennox, M.: J. Ped. 35:427, 1949.
4. Livingston, S.: J. Ped. 31:509, 1947.
5. Livingston, S.: Diagnosis and Treatment of Convulsive Disorders in Children. Springfield, Ill.: Bannerstone House, 1954.
6. Mitchell-Nelson: Textbook of Pediatrics, Ed. 5. Philadelphia and London: W. B. Saunders Company, 1950.
7. Murphy, J. T., and Schwab, R. S.: J.A.M.A. 160:385 (February) 1956.
8. Symposium on Convulsive Disorders in Children. Pediatrics 4:677 (November) 1949.
9. Peterman, M. G.: Am. J. Dis. Children, 72:399, 1946.
10. Peterman, M. G.: J.A.M.A. 143:728, 1950.
11. Peterman, M. G.: J. Ped. 41:536, 1952.
12. Shanks, R. A.: J. Dis. Children, 78:763-774, 1949.
13. Whitty, C. M. W., and Taylor, M.: Lancet 2, October 1949, p. 591.

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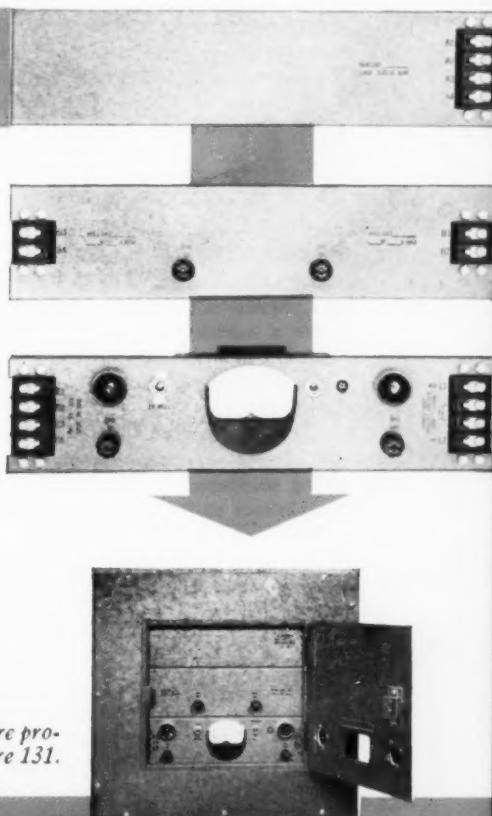
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Where Future Dietitians Are Coming From Exercises Delegates at A.D.A. Convention

MARY P. HUDDLESON

MORE than 3000 diligent dietitians overran the humid, sunny and, at the time, very windy city of Miami for the 40th annual meeting of the American Dietetic Association, October 21 to 25. Alternately overheated, then chilled in air conditioned hotels, they survived a crowded five-day whirl of sessions with no apparent diminution in energy or mental liveliness. There was no evidence of the stiff joints associated with 40-plus years, other than the dispensing by an alert exhibitor of long handled shoehorns that permit the dietitian to be shod without bending.

While the ever-present male speakers were there with promised Meccas of more automation in tomorrow's kitchen and such pie-in-the-sky as "preparation of a meal with no more mental and physical effort than is necessary to make a selection on the present-day juke box," one sensed increasing burdens on today's diminishing supply of dietitians.

Some, submerged in bureaucracy, complained privately that they were being smothered in paper work, with no Univacs to help them. The association's elder statesmen soberly reflected on the decreasing number of applicants to hospital dietetic internships. (At present there are 200 vacancies in hospital internship courses.) Prospects were brightened later in the week, however, by the offer of H. J. Heinz & Co. to subsidize, to the tune of \$25,000, a film designed to lure more dietitians into the fold and to provide scholarships to high school students preparing to be dietitians.

The opening speaker, a sociologist, Dr. Gordon Blackwell, chancellor of Woman's College, University of North Carolina, stressed the increasing demands and complexity of today's society, its changing values, its need for social adjustments. But after pulling our comfortable old rug from under our feet he redeemed himself by giving the two best definitions of the week: "Educational toy—any way you put it together it comes out wrong"; "optimist—a lady who puts her shoes on when the speaker says 'in conclusion.'"

FOOD TECHNOLOGY

Tops in the week's program was Tuesday's food technology gathering. Jane C. Ebbs, special feeding and nutrition adviser in the office of the army's quartermaster general, expressed the new premise that atomic energy in the field of food technology will make food easier to prepare and store. Transportation problems may be eased. She emphasized, however, that no technological process, regardless of the savings in weight, space and cost, will be accepted if the process destroys the nutritive value or palatability of food. Freeze dehydration and high vacuum processing procedures make possible the dehydration of meats, fruits, vegetables and juices which, when reconstituted, closely resemble the original product. She cautioned that "no end product will be better than the original raw material." In other words, the quality of the original product is still the most important factor.

The atomic age will bring food that takes less freezer or shelf space, weighs

less, and stays fresh longer. Beef, pork chops, vegetables and fruits have been preserved by freeze dehydration for Arctic explorers. By this process, water is removed from foods before freezing. To prepare, water is added. Another step forward is precooked dehydrated food, to which hot water is added. The food is allowed to stand a few minutes and then can be served. Some foods that have been processed by this method are chili with beans, mixed fruits, chicken and rice, and spaghetti with meat sauce. When prepared by a good recipe they are indistinguishable from freshly prepared foods. In one test to determine the safety of foods treated by atomic rays, more than 40 foods processed in this manner produced no toxic effects, and there were no noticeable losses of food value, said Miss Ebbs.

At the same session E. M. Nelson, director of the division of nutrition of the Food and Drug Administration, discussed legal protection of "convenience foods" which he defined as "any food prepared to save labor in the kitchen." Our relaxed enjoyment in the labor saving possibilities of these foods was marred by the discussion of widespread mishandling of such frozen foods in transportation and storage. While there are marked variations in the quality of these frozen items from different producers, conditioned largely by the quality of the ingredients at the time of freezing, there is great improvement in the quality of "convenience" foods today. Twenty years ago rejects of a canning factory were processed and sold as baby foods.

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Discussing the public health aspects of foods, Dr. Norman B. McCullough of the National Institutes of Health made dietitians look with suspicion on the breakfast egg and the Sunday chicken. In the epidemiology of *Salmonellosis*, the bacteria productive of food poisoning or "infection," poultry (especially turkey) and eggs are prime culprits, harboring more than 50 types of *Salmonella*. "Food poisoning," said Dr. McCullough, "is as common as the common cold. All of us have it two or three times a year." Meat inspection practices reasonably protect meats and there are too few organisms in marketable eggs to cause infections, but beware of dried and frozen eggs in particular, Dr. McCullough said. Broken egg products such as frozen yolks and whites are especially culpable; do not use these products except in baking and cooking where food is subjected to temperatures high enough to destroy organisms. They should never be used in scrambled eggs cooked at comparatively low temperatures, and never, *never* in uncooked foods, he said.

The long-term human carrier of food infections can be detected and his potential danger nullified only through stool examinations and maintenance of scrupulous personal hygiene. Elimination of pests, including flies; purchasing from reputable sources; sufficient heat to destroy organisms; proper and prompt refrigeration, and rigid sanitation should reduce the incidence of such outbreaks, the speaker noted.

It was pleasant the following day to return to happier aspects of food production: quality food and enjoyment in eating. A University of Illinois professor, Pearl Janssen, admitted that this is the era of instant, minute and ready-prepared foods but implied that the need for artistry and technical skill remains, along with good recipes revised to make full use of modern equipment.

Not only recipes but styles and standards of food are changing: The

modern pork chop has less fat; processed rice serves to conserve mineral content; more and more frozen vegetables are used, reducing cooking time and hence conserving green color, flavor and nutrients, Mrs. Janssen said.

There is increasing tendency toward retaining, rather than diminishing, the natural flavor of foods, she noted. She urged the employment of taste panels to determine the quality, for instance, of different brands of vanilla. It's often the little items that influence quality, she said—a little salt in coffee diminishes bitterness, a bit of cinnamon in the chocolate icing enhances flavor.

80 PER CENT ON NORMAL DIET

Margaret L. Mitchell, vice president in charge of food production for Stouffer's Restaurants, Cleveland, reminded dietitians that not all people in the hospital are "sick"; there are the personnel, the new mothers, the fracture patients to consider, for example. Further, if it's true that 80 per cent or more of hospital patients are on a so-called normal or house diet, they should be able to look forward with happy anticipation to their meals. Key points in achieving quality food are: standard recipes, good procedures in handling food, good timing in cooking for quality, a training program in quality food service, food tasting, exacting supervision. Remember, if your training doesn't encourage the right attitude in your cook it is largely profitless. Unless you make that taste test for seasoning and doneness during the final stage of cooking and unless your supervision alerts the employees to quality, the other key points will be nullified, she said.

Evelyn Drake, a college director of food service, added another must in the enjoyment of food. Make your guest welcome; serve skillfully and neatly. The hospital dietitian's problem is her "captive audience." She should know if the patient is to have a birthday during his hospital stay and take appropriate measures with his tray. The selective menu should always be explained to the patient, possibly in the admitting office. She urged the dietitian to be present occasionally when trays are served, another day when they are removed—to determine why a food is rejected. Was the breakfast egg refused because of its temperature? When guests are allowed to select and to determine the portion size, a greater latitude in foods served is possible because waste can be eliminated. Why

not use more earthenware to retain heat in foods until served, a mug for soup that the patient can pick up to consume the contents, more casseroles for scalloped potatoes and ham, and so on?

Later in the day much of the foregoing was echoed by a panel discussing "As Those We Serve See Us." Jean Crooks of the Veterans Administration suggested that patient participation in testing recipes establishes a good relationship with the dietitian.

Ann E. Rockwood, Hartford Hospital, Hartford, Conn., distributes information sheets on patients' trays, personalized by patient's name at the top and signed by the dietitian, tells how to identify dietitians by their arm bands, and gives other pertinent information. Patients also receive a comment form with narrative introduction by the hospital director. Returns are tabulated by the public relations department.

Pursuing further these analyses of food services, Helen R. Cahill of the Veterans Administration said that even though the profit motive is not a prime consideration in the hospital as in other big businesses, progress analyses—periodic appraisals—are just as essential. The food service department is becoming steadily more mechanized. "By 1970 we shall have a more relaxed efficiency in management through greater use of automation," she said. In the 173 Veterans Administration hospitals under Mrs. Cahill's purview, progress is determined on the basis of well developed standards of performance.

One of the most forceful speakers on management ever to appear before the association, Matthew F. McNulty Jr., administrator, University Hospital and Hillman Clinics, Birmingham, Ala., agreed with Miss Cahill: "No one can evaluate anything unless there is some measure with which to judge," he said. "Analyze what you believe and why you do. Look for a high degree of efficiency in your staff, but not for perfection. Negative thinkers are the 'stay-at-homes'; positive thinkers, the ones who get things done."

At a session aptly titled "Basic Controls," Keith A. Fitch, executive director, Orkin Institute of Industrial Sanitation, Atlanta, Ga., said too little attention is paid to sanitation in hospital services. The capstone for any complete sanitation program is adequate provision for sanitation inspection, he said. Unless a definite self-inspection pro-

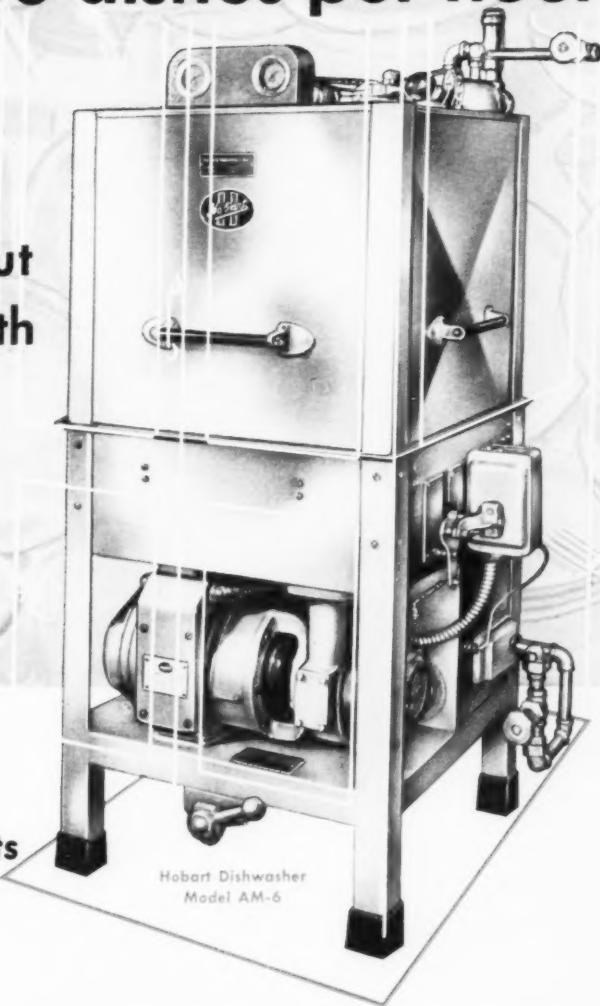
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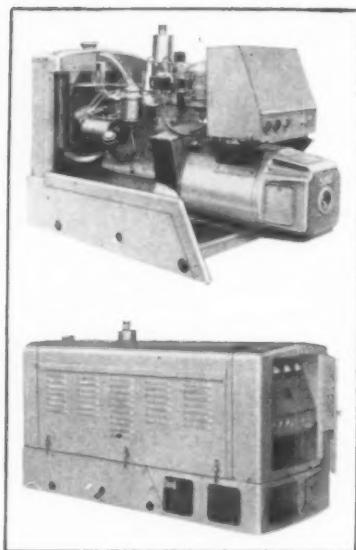
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gram is established, sanitation deficiencies may become serious before they are detected.

One of the most satisfactory approaches to the self-inspection program described by Mr. Fitch is the establishment of a sanitation committee, which may be responsible for both sanitation and safety or for sanitation alone. In either case, it should include representatives from various staff and operative units of the organization. This may mean that the committee will consist of 10 or more people. A small group of perhaps three or four persons should be selected for each individual inspection. The duty can rotate among members of the larger group. A professionally qualified person should develop a checklist or guide to be used by the inspection committee. The committee of the whole can effectively review sanitation standards and can assess sanitation achievements as reflected by reports of the inspecting committees. Good housekeeping—orderliness, adequate lighting, and ventilation—is essential to proper sanitation, he added.

The most profound view of the coming new age in food service equipment was presented by Arthur C. Avery, technical director, commissary research division of the navy at Bayonne, N.J. Automation is simply the substitution of machine for man, he said. Are we making full use of wheels, gravity, lifting and pulling devices? Follow a given employee and study unproductive time and lost motion. Never handle a product twice if you can arrange to handle it once. Use a portable electric booster instead of the extra deep fat fryer, and insulate your kettle to reduce kilowatt load. From 75 to 125 degrees of heat are lost every time the oven is opened. Why not connect the meat thermometer to a cable outside the oven? This also frees the cook for other duties. Drawers and slide doors should close by gravity. Nothing in general use should be out of sight.

Automation includes temperature indication and controls, timing, tending, stirring, measuring, moving, lifting, portioning, peeling, doneness indication, cleaning, sanitizing and waste disposal, he said. The various operations necessary to prepare a product should be combined in one piece of equipment to reduce material movement. Where a skilled worker is required, all necessary equipment and material should be scientifically grouped

around him so that he does not waste time and movement. "Human judgment in food preparation should be limited to planning and solving the problems brought about by unexpected happenings. Machines should do all else," Mr. Avery contended.

Guy Carroll Weaver, manager of a Chicago management advisory service, in discussing precasting of food, said that on the basis of extensive studies of food service departments, it was found that the average excessive expenditure for food in hospitals amounts to 10 per cent of the total food cost, which equaled \$57 million in 1956. This figure, broken down, equals an excessive expenditure of \$42.16 per occupied bed. First step in precasting is the menu plan. The speaker recommended a rotating selective menu cycle for most hospitals and suggested that the period of the cycle should be determined according to the average length of patient stay. Next, mechanics of costing must be developed. The basic test score for each food item must be determined by consideration of weight and value loss in preliminary preparation such as cleaning and butchering, cooking shrinkages, and serving or final preparation loss. Once a particular item of food is standardized as to purchase specification and method of preparation, the basic test score averages can be used to compute cost and quantity conversion factors. Quality control and cost control emanate from proper use of standard recipes. The key to control, following recipe standardization, is portion control and standardization, Mr. Weaver said.

Grace L. Stumpf, director of dietetics, University Hospital, Ohio State University, spoke on how to precast labor. Better equipment by itself does not automatically raise output per employee, she said. There are three methods of analyzing labor hours and cost as reported by A.D.A. members:

1. Determine labor time of *all* dietary employees, direct labor time of dietary employees engaged only in food production and service, and daily average meal count (excluding infant formulas, nourishments and coffee hours). Reports show approximately 16 to 19 minutes' total labor time per meal served and 13 to 15 minutes' direct labor time.

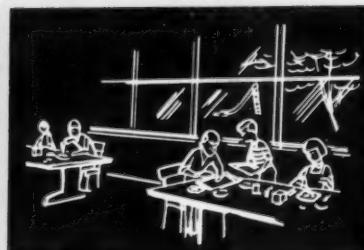
2. Work sampling method for comparing similar functions. The duty to be observed is selected, observation times are chosen at random, and summaries of observations are made. This



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method gives the percentage of time spent on a specific task and does not involve continuous observation of workers.

3. Complete time studies of menu items, job assignments, or individual workers. Select a specific process or person to be studied, set a beginning and ending point for the study, record the activity, time involved, and distance traveled. Repeat the studies with the same process but use different workers to judge whether a time standard is possible. Make a detailed analysis of each time study, applying work simplifi-

cation technics to prevent setting an inefficient time standard.

If one word could be called the theme of the convention, it would be "change," as reflected in Dr. Blackwell's opening address. Sometimes during the week one felt that too much stress was laid on today's wooden idols; group action, group thinking, mechanization, a machine-made world, the paramount value of subsidies—to gain one's objective.

The note of change, too, was repeated later in the week by Francis Cartier, educational specialist at Max-

well Air Force Base, who said: "Change is constant and seems to be accelerating. To cope with new problems and old ones with new twists, the old solutions, represented by our routines, habits and policies are inadequate. Knowledge supplies the raw material for all new ideas, but is essentially composed of answers to old questions. Logic provides a method for manipulating and evaluating ideas. But neither create ideas: That is the job of the imagination.

"Creativity cannot be taught; it must be released. It cannot be positively defined since it, like health, is the *absence* of debilitating and confining forces.

"Our society places such high value on conformity that creativity is discouraged. The stereotype, the habit, the unchanged and unwritten policy, the desire not to stand out from the crowd, the reluctance to communicate in anything but well worn clichés—all these are limiting forces which prevent us from coping with the state of constant change we live in. This is true in the military, in industry, business, government at all levels, in diplomacy, and in household as well as institutional kitchens. If we could take as our motto, 'Nothing necessarily has to be the way it is,' we might break the spell of unimaginative routine."

Tribute to individual thought and action was again highlighted at the association's gala annual dinner at the Miami Beach Hotel Fontainebleau, attended by more than 1000, in the presentation of the association's highest honor, the Marjorie Hulizer Copher Memorial Award to Anna Boller Beach, and in her acceptance.

Dr. E. Neige Todhunter, dean, school of home economics, University of Alabama, succeeded Lucille Reffshauge, director, department of dietetics, Hartford Hospital, Hartford, Conn., as president of the American Dietetic Association and LeVelle Wood, chairman of the division of institution management, school of home economics at Ohio State University, was named president-elect.

Other members of the executive board are: treasurer, Frances L. Low, director of the department of dietetics, Methodist Hospital, Houston, Tex.; speaker of the house of delegates, Geraldine M. Piper, regional nutrition consultant, Public Health Service, Charlottesville, Va., and secretary, Helen Hawver Anderson, director of the department of dietetics, Stanford University Hospitals, San Francisco.

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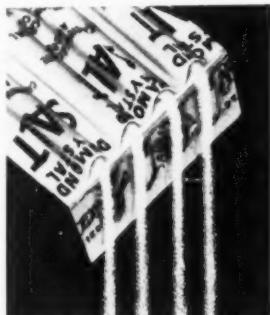
Each packet contains a generous serving of either pure Diamond Crystal salt; spicy ground black pepper; or fine granulated sugar. When the patient finishes his meal, the packets are thrown away.

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Only Diamond Crystal packets let you *shake on* seasoning. Their sturdy fluted

paper construction allows the same method of application as old-type dispensers—without the costly need of regular washing, filling and sterilizing. Your saving on dispenser servicing alone more than makes up for the slight additional cost of packets.



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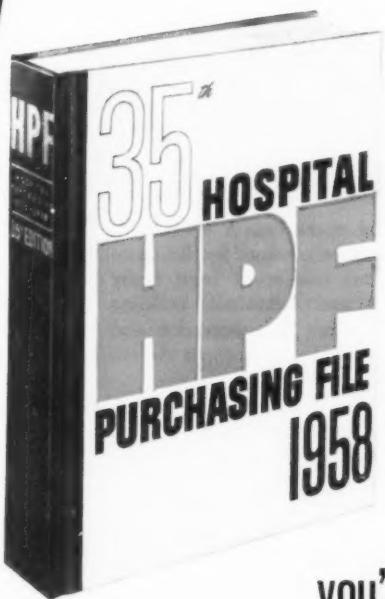
Menus for January 1958

Alta G. Harrison

Dietitian
Doctors' Hospital
Coral Gables, Fla.

1 Applesauce Scrambled Eggs • Fruit Shrub Roast Beef, Gravy Mashed Potatoes Baby Lima Beans Tossed Green Salad Apple Pie • Beef Broth Fruit Plate With Cottage Cheese, Graham Crackers Hearts of Lettuce, French Dressing Tapioca Pudding	2 Stewed Apricots Sausage Links • Italian Spaghetti With Meat Balls Chef's Salad Bowl, Oil and Vinegar Fruit Gelatin	3 Orange Juice Poached Egg, Ham • Corn Chowder Tuna Salad Plate Potato Chips Sliced Tomatoes Cherry Pie • Craberry Juice Shrimp Creole With Rice Green Peas Hearts of Lettuce, 1000 Island Dressing Apple Crisp With Whipped Cream	4 Cantaloupe French Toast, Sirup • Cream of Tomato Soup Stuffed Bell Pepper, Creole Sauce Leaf Spinach Hawaiian Coleslaw Fresh Fruit • Chicken Rice Soup Baked Ham, Raisin Sauce Candied Yam Buttered Asparagus Pineapple, Cottage Cheese Salad Sherbet	5 Stewed Prunes Scrambled Eggs • Fruit Cocktail Juice Chicken Croquette, Supreme Sauce Carrots and Peas Waldorf Salad Pineapple Upside-down Cake • Fresh Vegetable Soup Beef Pot Roast Boiled Potatoes Tiny Whole Carrots and Onions Sliced Cucumbers Chocolate Pudding	6 Grapefruit Sections Poached Eggs • Clam Chowder Club Sandwich Potato Chips Fresh Fruit Salad Lemon Meringue Pie • Cream of Pea Soup Broiled Club Steak Baked Potato Quartered Beets Chef's Salad Bowl, French Dressing Sherbet
7 Prune Plums French Toast, Bacon • Tomato Juice Veal and Mushroom Casserole Steamed Rice Broccoli au Gratin Mixed Vegetable Salad Ice Cream • Cream of Potato Soup Broiled Liver and Bacon Turnips and Greens Black-Eyed Peas Cinnamon Apple and Cream Cheese Salad Fruit Gelatin	8 Applesauce Sweet Rolls • Cream of Tomato Soup Grilled Cheese Sandwich Fresh Garden Vegetables Fruit Salad Peach Pie • Apple Juice Broiled Beef Pattie Mashed Sweet Potato Lima Beans Relish Plate Chocolate Pudding With Whipped Cream	9 Orange Juice Scrambled Eggs • Asparagus Soup Meat Loaf, Gravy au Gratin Potatoes Minted Carrots Under the Sea Salad Jelly Roll • Chicken Noodle Soup Grilled Pork Chop, Applesauce Mashed Potatoes Broccoli Coleslaw Upside-down Cake, Cream	10 Banana Poached Eggs • Cream of Pea Soup Fried Fish, Tartare Sauce Steamed Cabbage Sliced Tomatoes Gingerbread With Whipped Cream • Cream of Vegetable Soup Salmon Croquettes, Egg Salad String Beans Hot Pickled Beets Carrot, Raisin Salad Orange Chiffon Pie	11 Stewed Peaches French Toast, Sirup • Cream of Celery Soup Grilled Ham Steak, Pineapple Ring Sweet Potato Soufflé Asparagus Spears Sliced Cucumbers Rice and Raisin Pudding • Tomato Bouillon Roast Leg of Lamb, Mint Jello Parley Potatoes Escalloped Tomatoes Fruit Salad Apricot Whip With Custard Sauce	12 Prune Juice Muffins, Sausage • Tomato Juice Shrimp Salad Plate Buttered Rice Leaf Spinach Sliced Tomatoes Cherry Cobbler • Cream of Carrot Soup Roast Beef, Gravy Baked Potato Green Peas Deviled Egg Salad Spice Cake
13 Grape Juice Poached Egg, Bacon • Chicken Broth Breaded Veal Cutlet Paprika Potatoes Turnip Greens Pear, Cream Cheese Salad Apple Pie • Beef Noodle Soup Pork Roast, Spiced Fruit Mashed Potatoes Green Beans Tossed Salad White Cake With Caramel Icing	14 Kadota Figs Hot Cakes, Sirup • Cream of Mushroom Soup Italian Spaghetti Meat Balls, Green Peas Stuffed Prune Salad Ice Cream • Pear Nectar Broiled Lamb Chop Hashed Brown Potatoes Buttered Spinach Congealed Fruit Salad Boston Cream Pie	15 Applesauce Scrambled Eggs • Vegetable Soup Chicken à la King Parsley Potatoes Succotash Tossed Salad, Russian Dressing Chocolate Cake • Smothered Country Steak Candied Sweet Potatoes Harvard Beets Lettuce Wedge Butterscotch Pudding With Whipped Cream	16 Orange Juice Sweet Roll, Sausage • Cream of Spinach Soup Beef Stew, Garden Vegetables Buttered Rice Stuffed Fig Salad Baked Custard • Beef Broth Grilled Minute Steak Parsley Potatoes Seasoned Squash Relish Plate Strawberry Shortcake	17 Grapefruit Juice Poached Eggs • Cream of Pea Soup Welsh Rabbit Broiled Tomato Stuffed Celery Berry Pie • Cream of Celery Soup Fried Fish, Lemon Lyonnaise Potatoes Buttered Peas Coleslaw Prune Whip With Custard Sauce	18 Pineapple Juice French Toast, Sirup • Cream of Potato Soup Meat Loaf Baked Potato Green Beans Blushing Pear Salad Angel Food Cake • Vegetable Soup Breaded Pork Chop, Applesauce Mashed Potatoes Hot Pickled Beets Carrot, Raisin Salad Graham Cracker Pudding
19 Prune Juice Scrambled Eggs • Cream of Pea Soup Turkey Sandwich Plate Tomato Wedge Salad Peach Shortcake • Consmomé Chicken Pot Pie Whipped Potatoes Escalloped Tomatoes Fresh Fruit Salad Applesauce Cake	20 Apricots Muffins, Bacon • Clam Chowder Swiss Steak Buttered Rice Buttered Spinach Sliced Cucumbers Banana Pudding • Potato Soup Ham Loaf, Fruit Sauce Snowflake Potatoes Glazed Carrots Waldorf Salad Ice Cream	21 Apple Juice Hot Cakes, Sirup • Vegetable Soup Broiled Veal Pattie Baked Macaroni, Cheese Tossed Green Salad, Dressing Peach Cobbler, Cream • Cream of Mushroom Soup Roast Beef, Gravy Mashed Potatoes Spinach Goldenrod Hearts of Lettuce, 1000 Island Dressing Dutch Apple Pie	22 Orange Juice Poached Egg, Ham • Curried Rice With Chicken Livers Peas and Carrots Fresh Fruit Salad Lemon Pie • Cream of Asparagus Soup Roast Leg of Lamb, Mint Sauce Parsley Potatoes Carrots Brown Betty	23 Prune Plums Scrambled Eggs • Tuna Casserole Buttered Broccoli Tomato Salad, Mayonnaise Apricot Whip	24 Cantaloupe Sweet Roll • Fruit Salad Plate Egg Salad Sandwich Tossed Salad, French Dressing White Cake With Chocolate Icing • Cream of Tomato Soup Broiled Fish Mashed Potatoes Wax Beans Pickled Beet Salad Apple Pie
25 Banana Poached Egg, Bacon • Cream of Corn Soup Macaroni, Tomato Casserole French Green Beans Asparagus, Pimiento Salad Fruit Gelatin • Beef Broth Broiled Chicken Buttered Rice Stewed Tomatoes Chef's Salad Ice Cream	26 Orange Juice Soft Cooked Egg • Vegetable Soup Hot Roast Beef Sandwich Mashed Potatoes Escalloped Eggplant Tossed Salad Chocolate Pudding • Cream of Celery Soup Baked Ham, Pineapple Baked Potato Whole Kernel Corn Tomato Aspic Salad Fresh Fruit	27 Stewed Apricots Sweet Roll • Apple Juice Broiled Lamb Chop Baked Potatoes Peas and Carrots Fruit Salad Cherry Cobbler • Grapefruit Juice Beef Pie Parsley Potatoes Spinach Lettuce Wedges, Roquefort Dressing Gingerbread	28 Grapefruit Sections Scrambled Eggs • Veal and Mushroom Casserole Buttered Asparagus Creamed Cabbage Salad Fruit Gelatin • Roast Pork, Applesauce Mashed Potatoes Okra Blushing Pear Salad Prune Whip	29 Prune Plums Soft Cooked Egg • Salisbury Steak Baked Potato Broccoli Waldorf Salad Bread Pudding With Lemon Sauce • Vegetable Soup Roast Turkey, Gravy, Dressing Candied Sweet Potato Fresh Peas Lettuce Wedge With French Dressing Peach Pie	30 Cantaloupe French Toast, Sirup • Cream of Potato Soup Broiled Liver, Bacon Creamed Potatoes Buttered Carrots Coleslaw Rice Pudding • Chicken Noodle Soup Roast Leg of Lamb, Mint Jello Mashed Potatoes Buttered Limas Chef's Salad Fresh Fruit
31 Apple Juice, Scrambled Eggs • Cream of Tomato Soup, Tuna Salad Sandwich, Fruit Plate, French Green Beans, Tomato Aspic Salad, Chocolate Cake • Cream of Pea Soup, Cheese Omelet, Baked Potato, Asparagus Salad, Lime Pie. Ready-to-eat or cooked cereals served on all breakfast menus.					

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MAINTENANCE AND OPERATION

Prevention Costs Less Than Breakdowns

It may take a little money and some effort to initiate a sound preventive maintenance program but they will be offset by the savings that result in equipment and time

DANIEL M. ROOP

COMBINING preventive maintenance and safety into one topic establishes the significant factor that actually the two are synonymous. Without preventive maintenance there cannot be safety to the degree that should be practiced by all hospitals and institutions.

Let us discuss preventive maintenance and its problems as the average hospital engineer sees it in his efforts to convince management that it is good technic and will benefit the hospital, its patients, and employes. I realize, too, that hospital administrators may have an even greater problem in selling their engineers on the idea of practicing preventive maintenance.

The purpose of preventive maintenance is to offer better patient care through a scientific system of planned maintenance. The conservation of machinery and equipment, in this vigorous economy now being imposed upon us, cannot be overlooked. Proper care and constant inspection by employees who use equipment, as well as a carefully planned system of inspection and service by the institution's maintenance personnel, is required.

In brief, preventive maintenance or, more simply, planned maintenance is advance action.

The great advantage of planned maintenance is that it keeps disruption of plant services to the minimum. Food quality and sanitation are maintained by proper operation of refrigeration and recognized standards of

dishwashing operations. A lower accident rate can be obtained by diminishing accidents that result from faulty equipment and hazardous building conditions. Peak fire protection and safety are provided throughout the entire physical plant.

What does a preventive maintenance program cost? Your engineer will tell you it will cost you nothing. In a way he is correct, as the direct and indirect benefits derived from such a program will far surpass both initial and continuing expenses.

However, the program will cost a little to initiate and maintain. Equipment data cards, inspection sheets, and schedules will have to be printed. Examples of a typical data card and work sheet for kitchen equipment are shown in Figures 1 and 2. All the informa-

tion shown therein may be readily adapted for any hospital, large or small. It is safe to say that less than \$100 will provide any hospital with the required forms to initiate a preventive maintenance schedule. Some clerical help is necessary to keep the permanent record files up to date and to issue scheduled inspection sheets. Full-time clerical help, however, is not necessary for this program alone. Often, two to three hours per day will suffice, and even less in smaller hospitals. Generally, the services of a secretary from the purchasing department or even the administrator's office can be spared when the size of the institution does not warrant secretarial service in the engineering and maintenance department.

When you don't have a preventive

Fig. 1: Typical data card for kitchen equipment provides space for necessary data on manufacture of the item and record of repair work done.

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DATE: _____									
LEGEND FOR MARKING:									
QTRLY	MD	WKL	V. SATISFACTOR	X-ADJUSTMENT REQUIRED	Y-REPAIR OR REPLACE	Z-GRAY DEFECT CORRECTED			
RANGE			Gas-Elec. SERIAL NO. _____						
GRIDDLE (Elec) SERIAL NO. _____			BROILER(Gas-Elec) SERIAL NO. _____						
BAKE OVEN & ROASTING OVEN(Elec-Gas) SERIAL NO. _____			STEAM COOKER SERIAL NO. _____						
DEEP FAT FRYER SERIAL NO. _____			VEGETABLE STEAMER SELF-GENERATING SERIAL NO. _____						
			STEAM JACKETED KETTLE SERIAL NO. _____						
DOORS			DOORS						
NUTS & BOLTS			NUTS & BOLTS						
LEVEL COOKING SURFACE			LEVEL COOKING SURFACE						
COOKING SURFACE			COOKING SURFACE						
HEATING UNIT			HEATING UNITS OR GAS BURNERS						
OVEN			OVEN						
BAFFLE PLATE OR DECK PLATE			BAFFLE PLATE OR DECK PLATE						
OVEN HEATING UNITS			OVEN HEATING UNITS						
OPERATOR			OPERATOR						
HEATING ELEMENTS OR GAS BURNERS			HEATING ELEMENTS OR GAS BURNERS						
SWITCHES & CONTROLS			SWITCHES & CONTROLS						
THERMOSTAT			THERMOSTAT						
PILOT LAMP			PILOT LAMP						
TERM BLOCK OR LUG CONNECT & PANEL			TERM BLOCK OR LUG CONNECT & PANEL						
FUSES			FUSES						
DOORS			DOORS						
NUTS & BOLTS			NUTS & BOLTS						
LEVEL COOKING SURFACE			LEVEL COOKING SURFACE						
COOKING SURFACE			COOKING SURFACE						
HEATING UNITS OR GAS BURNERS			HEATING UNITS OR GAS BURNERS						
SWITCHES & CONTROLS			SWITCHES & CONTROLS						
THERMOSTAT			THERMOSTAT						
PILOT LAMP			PILOT LAMP						
TERM BLOCK OR LUG CONNECT & PANEL			TERM BLOCK OR LUG CONNECT & PANEL						
FUSES			FUSES						
PRESSURE REDUCING VALVE			PRESSURE REDUCING VALVE						
PRESSURE GAUGE			PRESSURE GAUGE						
DOORS			DOORS						
GASKETS			GASKETS						
DRIP TRAY			DRIP TRAY						
STEAM EXHAUST VALVE			STEAM EXHAUST VALVE						
STRAINERS			STRAINERS						
SAFETY VALVE			SAFETY VALVE						
AUTOMATIC FLOAT VALVE			AUTOMATIC FLOAT VALVE						
STEAM CO.			STEAM CO.						
WATER COMPARTMENT			WATER COMPARTMENT						
WATER GAUGE GLASS			WATER GAUGE GLASS						
WATER GAUGE DOME			WATER GAUGE DOME						
LAMP BURNER			LAMP BURNER						
SAFETY VALVE			SAFETY VALVE						
STEAM & WATER VALVE			STEAM & WATER VALVE						
CHIMNEY			CHIMNEY						
STRAINER			STRAINER						
Hinged Cover			Hinged Cover						
Drain Valve			Drain Valve						
Steam Pipe			Steam Pipe						
Draft Diverter			Draft Diverter						
Pressure Gauge			Pressure Gauge						
Water Gauge Glass			Water Gauge Glass						
Water Gauge Domes			Water Gauge Domes						
Water Jacket			Water Jacket						
Gas Burner			Gas Burner						

Fig. 2: Work sheet for kitchen equipment can be adapted for any hospital. This form is designed for use in quarterly, monthly or weekly inspections.

maintenance program your costs of plant operation will inevitably be greater. Disruption of patient care can mean complaints and loss of revenue.

As an example let us consider a case involving a 96 inch washwheel. Figure 3 shows the damages to a drum-shaft bearing block as a result of no preventive maintenance program and lack of, or improper, lubrication scheduling. This bearing should be perfectly round and not elliptical as it is in the photograph. Also note in Figure 4 the damage to the drum-shaft of the same machine. Careful observation again of Figure 4 will show that the $1\frac{1}{4}$ inch pipe fitting to the rear, installed originally for lubrication purposes, has been disconnected at the elbow. This was done at a prior time when repairs were necessary, never replaced, and went unnoticed until the damage shown was reported.

These factors contributed to an ad-

verse effect on the clean linen schedule, directly affecting patient care.

The cost of the replacement of the washwheel parts was more than \$500. This does not include overtime by laundry personnel necessary to maintain clean linen inventories. Fortunately, other washwheels were available for overtime work. However, imagine the predicament if this occurred in a smaller institution with only one washwheel. In addition to the loss of the washwheel, outside laundry services, with consequent additional handling, transportation and control, would be required.

Patient complaints mounted when a steam condensate pump failed as a result of mechanical difficulties depicted in Figures 5 and 6.

The costs in labor and material were not as great in this case, as they were for the washwheel, but loss of condensate which was not being re-

turned to the boilers was substantial. This resulted in an increased use of metered water to the hospital. The screening device and check valve were found in the condition shown. No parts were stocked at the hospital. Factory delivery was slow.

A summer inspection of this equipment and other steam system specialties, under a preventive maintenance program, would have found this trouble spot, provided adequate scheduled cleaning, and prevented complaints as a result of inadequate room temperatures.

When breakdowns of equipment occur, repair, or down-time, is much greater than under a preventive system, as illustrated by the previous examples. Sudden failure of equipment may cause extensive damage to property and injury to personnel, and necessitate complete replacement rather than just a few parts. Liability insurance rates will be directly proportioned to your accident frequency rate.

An active preventive maintenance program will offer more effective coverage of plant and even a reduction of staff through decreased breakdowns.

Watchmen, who previously were required to interrupt their rounds for emergency repairs, will be able to devote full time to protecting patients and property from fire and other life hazards.

Let us now discuss ways to convince the engineer or maintenance superintendent that he should initiate a program of planned or preventive maintenance.

Everyone, it is believed, likes to have his job made easier. For decades man has invented machines and methods to make menial tasks easier and increase efficiency.

The hospital engineer can obtain such benefits from a preventive maintenance program because less overtime will be required and call-backs will practically disappear. He will be afforded the opportunity to spend more time in maintaining clean, safer areas in which to work. His equipment will take on a neat, well groomed appearance, thus inviting attention and making his tasks more appealing. The monetary savings resulting from preventive maintenance may be used for needed plant equipment or better shop conditions.

The engineer's first objection to a preventive maintenance program will be the paper work and added time he will have to take, which he already



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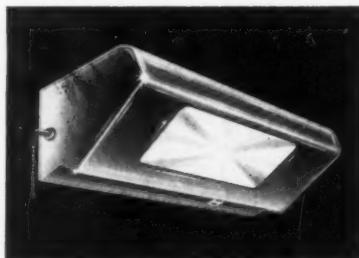
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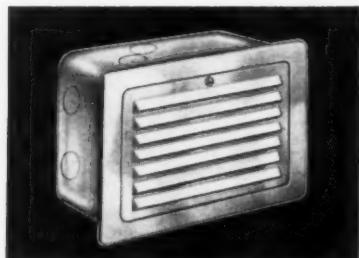
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Fig. 3: Damage to 96 inch washwheel as a result of improper lubrication.

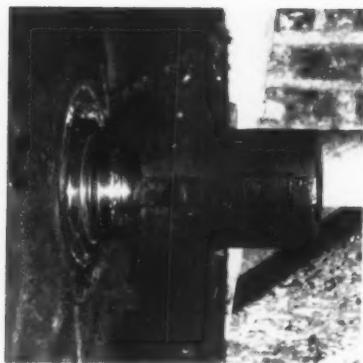


Fig. 4: Drum shaft of same machine damaged and elbow disconnected.



Fig. 5: Screening device on steam condensate pump has almost disintegrated.



Fig. 6: This was once a check valve on the same steam condensate pump.

contends he doesn't have. However, if he is supplied with data cards, when he makes rounds to check or oil equipment, the necessary information need only be transferred from the manufacturer's name plate. Any mechanic can copy such data, and, if it is not available, the manufacturer will furnish the information on request. The hospital's purchasing department can be of assistance in obtaining such information.

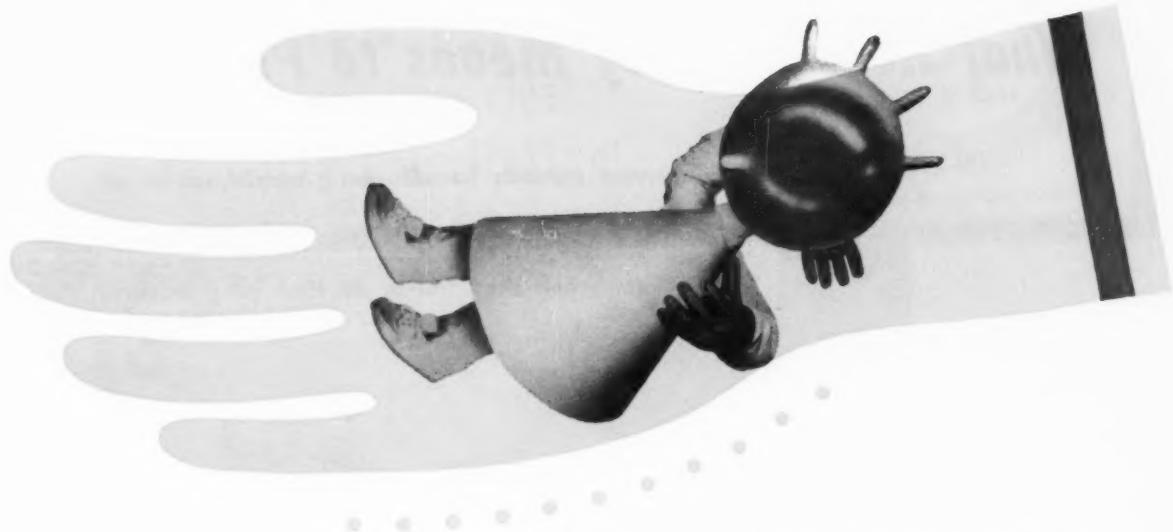
The most important thing of all is for the administrator to convince the engineer that he believes in sound preventive maintenance procedures and is willing to offer any reasonable assistance, monetary or otherwise, to initiate the program. His enthusiasm and approach to the project can mean success or failure of the entire endeavor.

Basic training of user personnel will materially aid the engineer in developing a program of preventive maintenance and safety. The "user" should be trained in general cleaning, inspection, and proper operation of the equipment under his jurisdiction. This includes department heads, as well as the operators of the equipment.

Is equipment in good condition and safe to operate, or is it being used for purposes other than those for which it was originally designed? Is the equipment functioning properly? Does a superficial, external inspection show excessive wear, faulty connections, and unsafe conditions? This neglect, if it exists, should be observed by the user and reported to proper authorities. Both user inspection and scheduled maintenance inspection are necessary. These in turn must be coordinated with an acceptable and sound routine maintenance program.

Thus a preventive maintenance program becomes another function of the hospital "team," not that of the engineer alone. If, through cooperative efforts of administration and department heads, the program can be initiated, the maintenance staff will feel there is a genuine interest in and need for proper functioning of the hospital's physical plant and mechanical equipment. The need for their services will be fully recognized by all personnel and the mechanics will be revitalized in their maintenance efforts.

curved for greater comfort



the curved finger story

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What Housekeeping Means to Patients

Administrator reminds housekeeping employees of all the things they can do for patients, and all they can do to them when they fail to do their jobs properly

HARVEY SCHOENFELD

PATIENTS are the largest single group that housekeeping employees encounter in their daily activities. As such, they form the largest audience for the daily housekeeping performance. The patients' knowledge of good housekeeping methods and their understanding of general sanitation standards make them also the most exacting of critics.

PERSONALITY CHANGES MAY OCCUR

Patients differ from all other groups that are served by housekeeping personnel, either in the hospital or in such other enterprises as a hotel, factory or a store. They are under an emotional strain from the very moment they are told by a physician that they must enter a hospital for treatment. Generally, one approaches his hospital experience with some fear and not a small amount of anxiety. This condition develops because in most instances entering a hospital means going into a completely new world. Patients are concerned—about themselves, their family, their livelihood, and many other things their illness has affected. It is natural that they would feel insecure with all of these anxieties. As a result, changes may occur in the personality of these people and this frequently is reflected in the attitude toward the professional and service personnel they encounter in the hospital.

The housekeeping employee plays an

important part in ensuring comfort and well-being for patients. He also has in his work many opportunities to strengthen the understanding between the hospital and its patients.

EVERYONE KNOWS HOUSEKEEPING

In most hospitals today, medical and surgical care are taken for granted by the patient. This is because the art of medicine is still a highly technical and strange one to the average person. In fact, much of the public still fears its great power. This, of course, is not so with the housekeeping function in the medical care. The nature of the housekeeping service lends itself to easy comparison with similar practices in the patient's own home. Therefore, it is viewed with a most critical eye. Frequently, this view is *hypocritical* because of the "feeling" that hospitals and cleanliness are synonymous—and so they are! Where man failure (on the part of the porter, maid or other housekeeping employee) occurs, the reputation of the hospital naturally suffers. The reflection on the executive housekeeper and the administration of the hospital is obvious.

The high cost of hospital care motivates the patient to seek and demand value for his money, particularly in those areas where he can easily evaluate the types of services offered. Patients are most impressionable during their hospital stay. Therefore, the attitude and conduct of the hospital employee play a major part in the total impression of the patient's hospital experience.

The patient, from the moment he enters the hospital, spends a great deal of time seeking to reassure himself as to his future and at the same time to protect his individuality as an adult who, up to this point, could care for his own personal needs. It is important for all members of the hospital team to be aware of these feelings and actively to seek ways and means to make the patient more comfortable.

PATIENT'S NEEDS ARE OURS

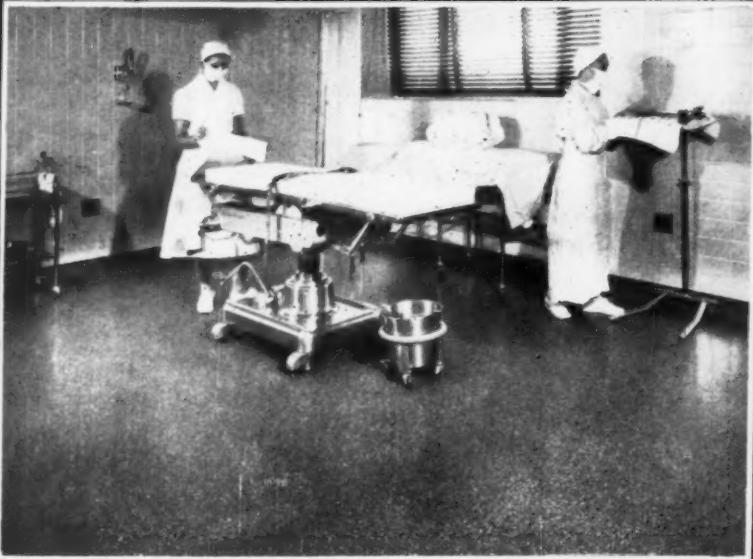
In order to assure this measure of comfort, all hospital employees must be deeply concerned with the needs and desires of the patient (as they would expect if *they were in the bed*) and yet at times also ensure the privacy and respect to which all human beings are entitled—particularly under such conditions.

These simple needs of hospital patients are not difficult to fulfill, provided the housekeeping employee desires to do his job well. This means that he must become an active member of the "service team." He must work with other professional and service employees who are providing essential service to the patient. Nursing, dietary, laundry, engineering and other departments cannot function well *independently*. It is only when they work cooperatively that they create a hospital. Without employees who seek always to give service, the hospital is only a bare building, doing no one any good! You, as a housekeeping department employee, therefore, must actively seek

(Continued on Page 128)

Mr. Schoenfeld is director, Barnert Memorial Hospital, Paterson, N.J.

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1. Eckenhoff, J. E.; and Dripps, R. D.: *Anesthesiology*, 15:681, Nov., 1954.

2. Sokoloff, Louis; King, B. D.; and Wechsler, R. L.: *Med. Clin. North America*, 38:499, Mar., 1954.

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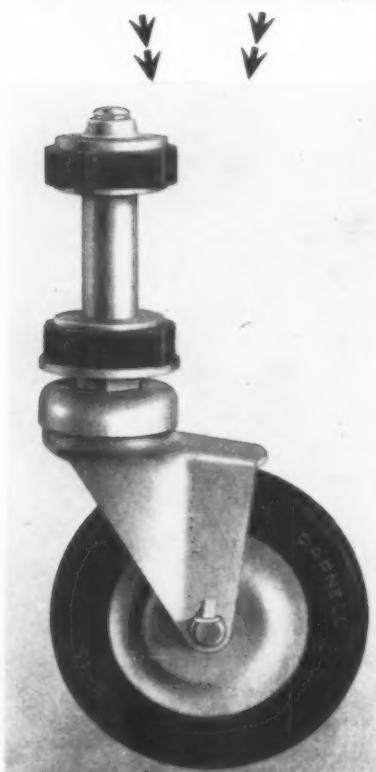
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(Continued From Page 124)
to help the patient, his family, and visitors. Every housekeeping job or task performed must be with consideration for the patient's needs and condition. Work around the patient. Do not force the patient to conform to what would be easier for you. Let him know you are interested in him. Be friendly, but not too much so. Many times persons want to be alone because they do not feel well. Therefore, if they do not answer or if they growl at your greetings, remember their condition and do not hold it against them. Greet them the next time you see them and try to keep them cheerful.

Frequently in doing your work in patient areas, you will overhear physicians and nurses talking about the condition of patients or what is wrong with them. This is confidential information and as a member of the hospital team you must not repeat this information. Hospital people know that they hold a position of trust. No one wants to harm a sick person. Yet if such a person learns from you about his condition for the first time, the shock could very well do him great harm. Information about patients, medical records, test results, and so on is confidential and should never be discussed with anyone. The patient may ask you to find out this information for him. Always refer him to his doctor. He knows the patient's condition best and will tell him exactly what he should know. No other person should discuss this information.

SCHEDULE YOUR WORK

Try to schedule your work so that you are not working in patient areas during visiting hours. There are many other chores which can be saved for these hours when the heavy traffic would make your efforts useless. Visitors and patients appreciate not being disturbed during this time, so that they can get the most out of their visit. Be sure, however, that you are creating a good impression on the visitors by having the area "as clean as a whistle" before visiting time. You will be pleased with the comments of the visitors who recognize, very quickly, a job well done.

Occasionally you will notice that certain tasks are not being carried out because of illness of other personnel. If the head nurse asks you to help serve trays, or carry linen to the floor hopper, or a similar request, give her your help and do it cheerfully. If it

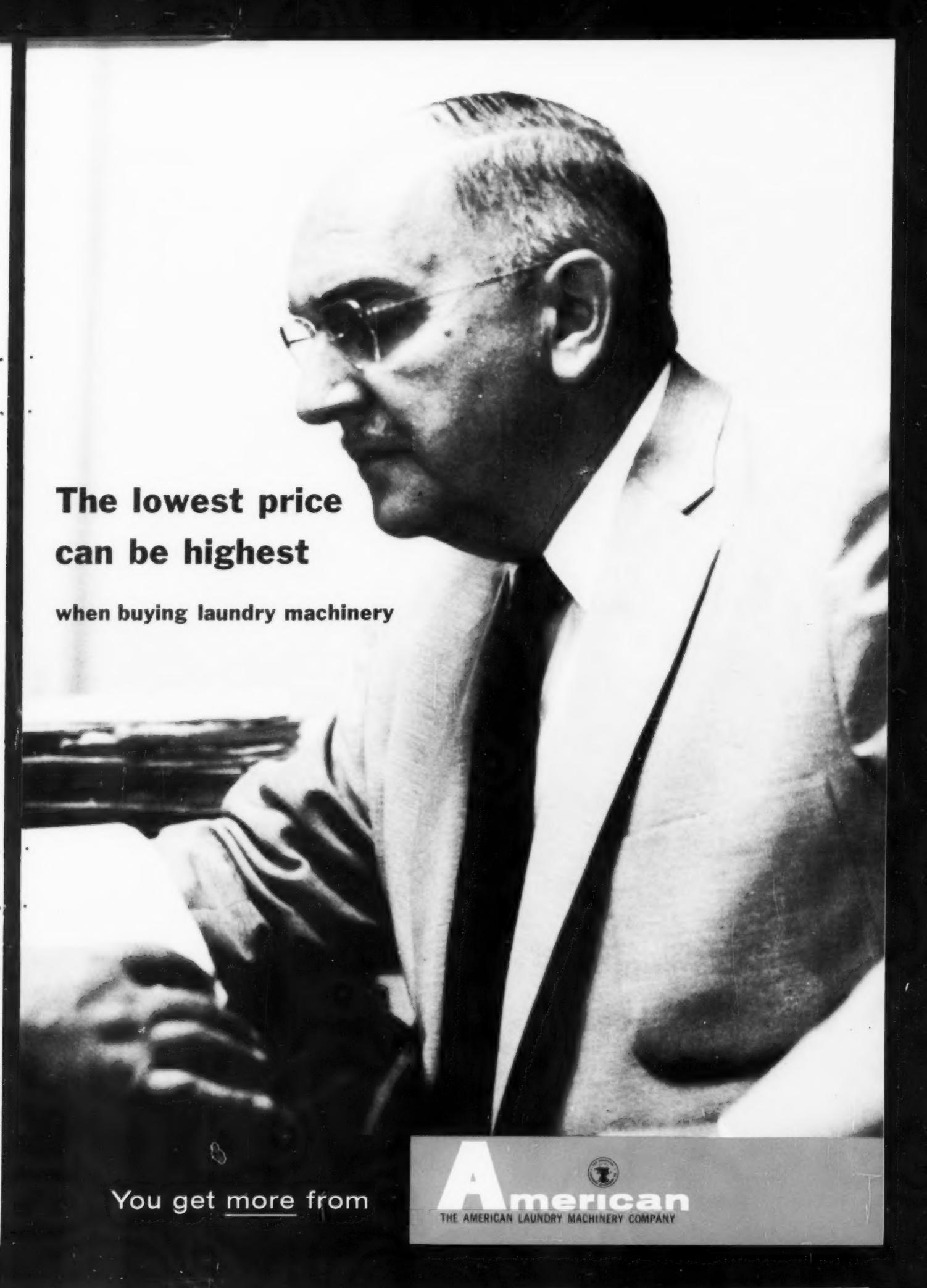
means that you will be away from your duties for some time, ask her to notify your supervisor. In this manner you will aid the patient and ensure that the "team" is operating properly. This means: Don't stand on ceremony! If you can aid the patient and other employees by taking care of a small chore, do it, and you will find that they in turn will lighten your load, too! Patients have a definite feeling about housekeeping employees. They expect them to be neat and to work with clean tools. A good worker wants to have people respect him so that he can feel proud. This feeling is entirely up to you. Only you can create it and in turn enjoy its results.

There may be times when patients will ask you to go on errands for them inside or outside the building. Sometimes it will be for candy, cigarettes, or other items, or it may be to carry messages to other patients. All hospital employees know that leaving the area assigned without the supervisor's permission means that less attention will be given to the needs of the group of patients. You must gently remind the patient that hospital rules forbid doing such errands, and suggest that he speak to his nurse about his needs. Nothing in the way of food and drink should ever be given to the patient, since it could be extremely harmful to him.

ARE WE PATIENT-MINDED?

The housekeeping employee holds an important responsibility in maintaining sanitary conditions throughout the hospital. Every effort must be made to ensure that all areas of the hospital receive equally fine treatment. Never permit yourself to be persuaded by favors, gifts or tips to break the relationship of the hospital and its patients. This is a bond which is sacred. If you play favorites for any reason, you are guilty of harming the patient and you have broken faith with those who believe in you.

Always keep the patient in mind. He is the reason for all hospital work. He needs your help every day. If you always strive to aid him to the best of your ability, you will gain in every way and your own life will be enriched in the knowledge that you have helped those less fortunate. Remember always that you could very well be one of those patients. Ask yourself: Are you carrying out your duties as you would have the housekeeping employees act when you are a patient?



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- Are the terms most advantageous for you?
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NEWS DIGEST

California Elects Howard Hatfield . . . Sloan Foundation Makes Additional Study Grant . . . Ousted Administrator Sues Hospital . . . Washington Hospitals and Nurses Reach Agreement . . . Trustee Heads Nebraska Hospital Association

California Hospital Association Chooses Howard B. Hatfield as President-Elect



Howard B. Hatfield

LONG BEACH, CALIF.—Howard B. Hatfield, administrator of Long Beach Community Hospital, was named president-elect of the California Hospital

Association during its annual convention here October 30 to November 1. More than 600 hospital executives attended the meeting.

Richard Highsmith, administrator of Samuel Merritt Hospital, Oakland, was installed as president, succeeding Dr. W. W. Stadel, director of Medical Institutions for San Diego County.

Tol Terrell, president of the American Hospital Association, and George Bugbee, president of the Health Information Foundation, discussed trends in the use and financing of hospital care.

Other officials elected during the convention were: treasurer, George A. Collins, administrator of Alameda Hospital, Alameda, and trustees, Sister Mary Rose, administrator of Mary's Help Hospital, San Francisco; William D. May, administrator of Memorial Hospital, Modesto; J. E. Smits, administrator of Children's Hospital, Los Angeles, and E. L. Jury, administrator of Redlands Community Hospital, Redlands.

Delegates to the American Hospital Association house of delegates are: Ritz E. Heerman, general manager of Lutheran Hospital Society, Los Angeles; George U. Wood, executive vice president, Peralta Hospital, Oakland; Ralph J. Hromadka, administrator of Santa Monica Hospital, Santa Monica, and A. E. Maffly, administrator of Herrick Memorial Hospital, Berkeley.

California representatives on the board of the Association of Western Hospitals are: Dr. W. W. Stadel, and Robert Harding, administrator of Enloe Hospital, Chico. Alternates are:

Dr. J. C. Siemens, administrator of Ross General Hospital, Ross, and Frank R. McDougall, superintendent of Donald N. Sharp Memorial Community Hospital, San Diego.

Administrators to Study Under New Sloan Grant

ITHACA, N.Y.—The Alfred P. Sloan Foundation has given Cornell University a supplementary grant of \$100,000 to inaugurate an advanced program for hospital administrators, it was announced recently.

Under the grant, which will be administered by the Sloan Institute of Hospital Administration at Cornell, a limited group of hospital administrators will be chosen each year for the next three years to spend six weeks on the Cornell campus. The participants, to be selected on a nationwide basis, will pay a nominal charge. The major part of the cost, including room and board, will be covered by the grant.

The curriculum will include trends in medical care and hospital administration, administrative theory and practice, research methods and opportunities in hospitals, and financial trends affecting health administration.

Fund for Dr. Alan Gregg Established by Council

NEW YORK.—A fund in honor of the late Dr. Alan Gregg, formerly vice president of the Rockefeller Foundation, has been established by the National Health Council. Contributions will be used to support the council's health careers program, which is designed to help meet the shortage of qualified health personnel.

Dr. Gregg, who died in June at the age of 66, served for 37 years with the Rockefeller Foundation, 20 of them as chief of the division of medical sciences. He also had been an adviser to the National Health Council.

Indiana Hospital Group Elects Emery Zimmerman

INDIANAPOLIS.—Emery K. Zimmerman, administrator of Elkhart General Hospital, Elkhart, was named president-elect of the Indiana Hospital Association during the group's annual convention, held on the Indiana University Medical Center campus October 9 and 10.

Olive M. Murphy, administrator of Bartholomew County Hospital, Columbus, was installed as president.



Indiana officers, seated, left to right: Albert G. Hahn, executive secretary; Olive M. Murphy, president; Emery K. Zimmerman, president-elect; standing, left, Albert L. Boulenger, vice president, and, right, Robert W. Carithers, reelected the association's treasurer.

Albert L. Boulenger, administrator of Good Samaritan Hospital, Vincennes, was elected vice president. Herbert A. Schacht, administrator of Henry County Hospital, New Castle, is immediate past president of the association.

Reelected were: treasurer, Robert W. Carithers, assistant administrator of Methodist Hospital, Indianapolis, and executive secretary, Albert G. Hahn, Evansville.

New trustees are: Joseph P. Hilger, trustee of Bartholomew County Hospital, Columbus, and Wilbur C. McLin, administrator of Community Hospital, Indianapolis. William A. McAlexander, administrator of Clark County Memorial Hospital, Jeffersonville, was elected to fill the unexpired term of Mr. Zimmerman.

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Ousted Administrator Sues Hospital for Pay Plus \$200,000 Damages

DENVER.—In a complaint filed in District Court here last month, Hubert W. Hughes, former administrator of the General Rose Memorial Hospital, charged he was illegally dismissed from his employment in June 1957 and asked the court to award him \$52,486.64 in unpaid salary, vacation and sick leave allowances, life insurance premiums and unreimbursed expenses, plus \$200,000 damages.

The complaint charged that the hos-

pital's "abrupt and unlawful termination" of Hughes' employment contract "greatly curtailed and impaired" his opportunities for employment in the field of hospital administration.

The complaint alleged that Hughes, who became administrator of the hospital in 1949, had a five-year contract of employment beginning August 1, 1954, which was breached when the defendant hospital notified him on June 21, 1957, that his employment was terminated and requested him to "vacate his office and have his personal belongings removed therefrom."

Queried about the complaint, Jess Kortz, chairman of the hospital board said he did not care to comment for publication at this time.

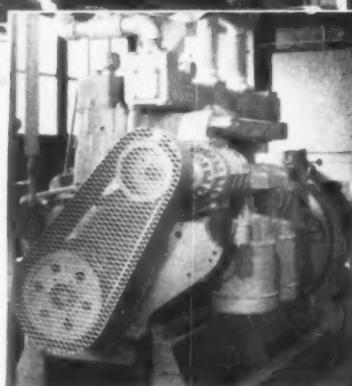
"This is a hospital," Kortz told *The Modern Hospital*, "and we don't want to get into a public fight about this. Of course, we think we were right. We feel we were fully justified in what we did, and the complaint is uncalled for."

Termination of the contract followed Mr. Hughes' illness in May 1957, but the complaint charged that the hospital board's effort in June to get him to resign for "health reasons" was unjustified.

"There were at no time any reasons of health which would impair or interfere with plaintiff's ability fully to perform his contract of employment to the end of his term," the complaint stipulated. The hospital and its trustees, officers and agents, without notice to Hughes, then "made public announcements both to group meetings of hospital employees and staff and to the public press," the complaint said, "charging that plaintiff had been ousted from his position as administrator of defendant's hospital for reasons of 'ill health' and because he would not be able to perform the duties of full time administrator of the hospital thereafter."

These statements were false and without foundation in fact, it was alleged in the complaint.

Hughes, 50 years old, was president of the Mid-West Hospital Association in 1956.



Peralta Hospital protects vital services . . . Allis-Chalmers diesel drives stand-by electric generator

When the 250-bed Peralta Hospital at Oakland, Calif., installed a 300-kw generator for 100 percent electrical stand-by, they chose an Allis-Chalmers diesel engine for power. Completely automatic . . . it picks up the entire load in seconds . . . stops again when commercial power is restored.

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VERMONT HOSPITAL ASSOCIATION



New officers of the Vermont Hospital Association, elected at the annual convention in Montpelier on October 17, are, left to right: president-elect, Ralph R. Betts of St. Albans; secretary, Alex Nemeth of Rutland; president, Lester Richwagen of Burlington, and treasurer, Frederick Hale, Burlington.



Providence Hospital in Oakland, California, has years of experience in using latex paints.



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Latex masonry paints offer many advantages over old-fashioned paints. They won't mildew, won't yellow, won't retain dirt. They are self-cleaning. They chalk gradually, evenly. What's more, they resist alkali.

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Operator pushes proper button on selector box, desired pager buzzes, personal voice message follows.

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Record Number Attend 24th Oregon Convention

EUGENE, ORE.—Fred L. Morris, administrator of Cottage Grove Hospital, Cottage Grove, was chosen president-elect of the Oregon Association of Hospitals at the 24th annual meeting here November 3 to 5. More than 170 persons, a record attendance, were present.

Paul R. Hanson, administrator of Emanuel Hospital, Portland, succeeded Virginia M. Welch, administrator of Good Samaritan Hospital, Corvallis, as president.

Marjorie Sexton, superintendent of Albany General Hospital, Albany, was



Officers of the Oregon Association of Hospitals are (l. to r.): Fred L. Morris, president-elect; Marjorie Sexton, vice president; Ben Hecht, secretary-treasurer; Paul R. Hanson, president.

elected vice president, and Ben Hecht, business manager of St. Vincent Hospital, Portland, was reelected secretary-treasurer.

Named delegate to the American Hospital Association was Glenn Howell, administrator of Hood River Memorial Hospital, Hood River. Wesley G. Lamer, administrator of Physicians & Surgeons Hospital, Portland, was chosen as alternate.

Dr. Kenneth B. Babcock, director of the Joint Commission on Accreditation of Hospitals, Chicago, enumerated the "four R's" that add up to quality hospital care. These are the responsibilities, rules, records and reviews that are established as principles for hospitals that wish to attain accreditation. Dr. Babcock explained.

In discussing a public relations program for hospitals, Mark Berke, director of Mount Zion Hospital, San Francisco, commented that the public wants to be on the inside of medical affairs. Explanations and a friendly attitude on the part of hospital employes are prime considerations, he said.



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Washington to Convert TB Hospitals to Mental Beds, Governor Tells Delegates



Raymond F. Farwell

SEATTLE. — Conversion of unneeded tuberculosis hospitals to help meet the demand for mental facilities was pledged by Gov. Albert D. Roselli of Washington, at the 25th annual meeting of the Washington State Hospital Association here November 6 and 7.

The governor, who was a trustee of King County Hospital, Seattle, for six years while serving in the legislature, promised the 350 hospital delegates scientific facts would take precedence over politics.

The growing influence of the public over hospitals was pointed up by several speakers, including Dr. Kenneth B. Babcock, director, Joint Commission on Accreditation of Hospitals, Chicago; James E. Hague, executive editor of *Hospitals* magazine, Chicago, and Mark Berke, director of Mount Zion Hospital, San Francisco.

Pressure on a hospital to be accredited will increase as the public grows aware of the implications of accreditation or lack of accreditation, Dr. Babcock said. If hospitals take the opportunity to improve their standards voluntarily, they will continue free of outside domination, he predicted. American hospitals are the best in the world, but there always is room for improvement, he concluded.

Mr. Berke presented specific examples of methods and materials used at his hospital to strengthen relationships between the hospital and the medical staff, employes and patients.

Ten spokesmen for the principal paramedical groups in the hospital

gave brief reports of trends in education and supply. All came up with the same answer: Not enough of these trained persons are being educated and not enough are moving into the state to meet the demands of existing and new hospitals.

Charlotte C. Dowler, R.N., administrator of Shelton General Hospital, Shelton, was installed as president. Raymond F. Farwell, administrator of Swedish Hospital, Seattle, was chosen president-elect.

The first personal life membership in the association was conferred on Cecile Tracy Spry, R.N., administrator of General Hospital of Everett since 1930. Mrs. Spry was a member of the first board of trustees when the state hospital association was formed in 1933, and she has since been the association's president; president of the Washington State Nurses Association; president of the Association of Western Hospitals; third vice president of the American Hospital Association, and second vice president of the American College of Hospital Administrators, of which she is a charter fellow.

A feature of the meeting was publication of a 120 page yearbook com-

NOTICE TO READERS

Before you send to the binders your copies of the 1957 issues of *The Modern Hospital*, you will want a copy of the index to each volume. The index to Volume 88 was bound into the June issue. The index to Volume 89 (July to December) may be obtained by addressing a postcard or letter requesting a copy to The Editor, *The Modern Hospital*, 919 North Michigan Avenue, Chicago 11, Ill. There is no charge.

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memorating the 100th anniversary of the first hospital in the state. The book, edited by John Bigelow, executive secretary of the association, contains a history of hospitals in the state, photographs and data of every hospital, directories of schools and allied organizations, reports on nursing, and other information.

Washington Hospitals and Nurses Reach Agreement on Four Basic Principles

SEATTLE.—Four basic principles have been approved by the Washington State Hospital Association and the Washington State Nurses Association, it was reported in *Washington Hospitals*, publication of the hospital association, last month.

Governing boards of the two groups approved the following principles, developed by committees representing both groups:

1. It is agreed that hospitals and nurses each have the right to designate their representatives for the purpose of negotiating wages, hours and working conditions of general duty nurses.

2. Hospitals should discuss wages

and working conditions with the representatives designated by the nurses and should strive to reach an agreement. The terms of the agreement should be in writing and signed by the representatives of the hospitals and the representatives of the nurses.

3. There should be a grievance procedure available to both hospitals and nurses in the event of disagreement over interpretation of the written agreement. It is agreed that details of this grievance procedure should be worked out at the local level as part of the agreement. . . . It is suggested that the procedure have at least three steps: (1) between the nurse and supervisor; (2) in the conference committee of the hospital; and (3) outside the hospital but still within the ranks of the hospital and nursing professions.

4. Details of the agreement between nurses and hospitals pertaining to wages, hours and working conditions should be negotiated at the local level either between representatives of a group of hospitals and the representatives of their nurses, or between an individual hospital and the representatives of its nurses, according to the wishes of the hospitals involved.

Nebraska President-Elect Hospital Trustee Named

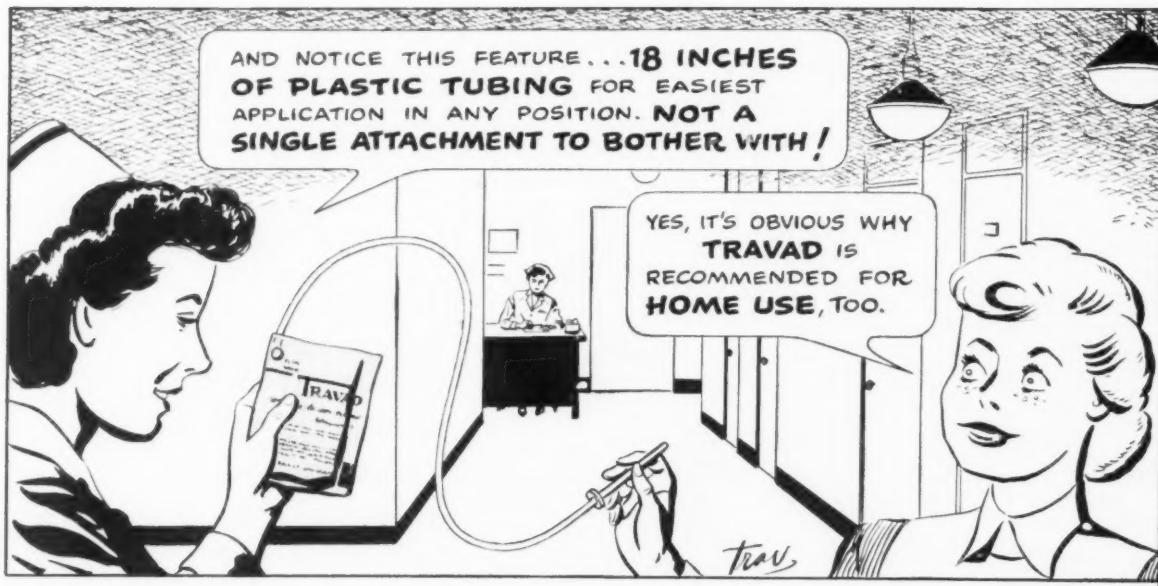
LINCOLN, NEB.—Joseph O. Burger, a trustee of Nebraska Methodist Hospital, Omaha, and executive director of Nebraska Blue Cross-Blue Shield plans, was named president-elect of the Nebraska Hospital Association at its 21st convention here October 18.

Gerald Aldridge, administrator of Mary Lanning Memorial Hospital, Hastings, was installed as president. Other officers are: vice president, Eugene C. Edwards, administrator of Bryan Memorial Hospital, Lincoln; secretary, Edward D. Wilken, president of the board of trustees at Mary Lanning Memorial Hospital, Hastings, and treasurer (reelected), Sister Mary Gertrude, administrator of St. Mary Hospital, Columbus.

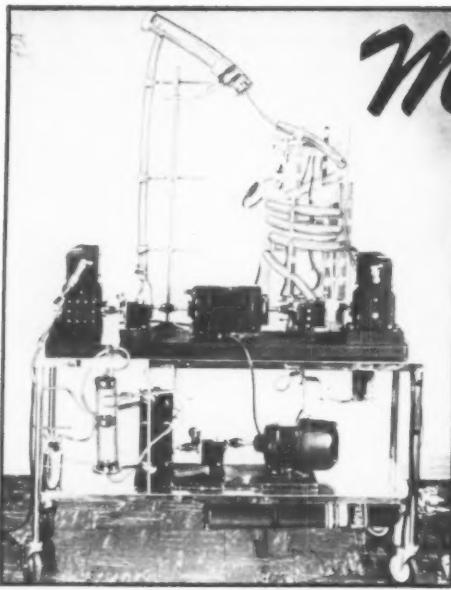
Donald W. Duncan, assistant administrator of St. Elizabeth Hospital, Lincoln, and Francis J. Bath, assistant administrator of Creighton Memorial-St. Joseph's Hospital, Omaha, were named trustees.

Nebraska pharmacists, record librarians, anesthetists, physical and occupational therapists, practical nurses, accountants, auxiliaries, and the Nebraska Catholic Association also met.

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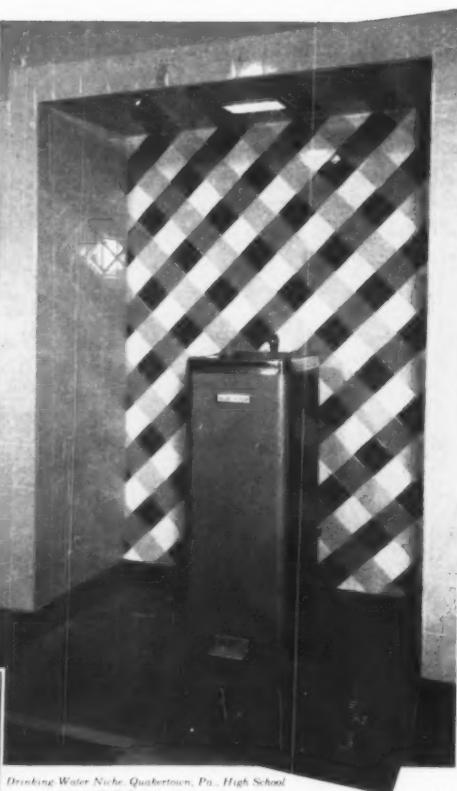
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**New England Hospitals
Start Chain Reaction of
Fire Safety Institutes**

CHICAGO. — Fire safety institutes held in New Hampshire in October resulted in additional meetings in November in Maine and Massachusetts. Lt. Robert McGrath of the Chicago Fire Department reported last month. The New Hampshire meeting, sponsored by the state hospital association, was attended by representatives from Maine and Massachusetts, who invited Lt. McGrath to conduct institutes in their states.

Plans also are under way for institutes in the Upper Peninsula of Michigan during December, for meetings in Iowa, Rhode Island and Oregon, and for an additional institute in Massachusetts during the spring.

On November 5, Lt. McGrath conducted an institute at Sturdy Memorial Hospital, Attleboro, Mass., which was attended by approximately 200 persons, including a large number from Rhode Island. Institutes held in Portland and Bangor, Maine, on November 25 and 26 were attended by persons from some 60 Maine hospitals and 100 nursing homes. On November 18, Lt. McGrath lectured at the National Seminar on Hospital Safety, Chicago.

**700 Attend Convention of
Nursing Home Association**

ATLANTIC CITY, N.J.—Ira O. Wallace, New Castle, Ky., was elected president of the American Nursing Home Association during the group's annual convention here October 9.

More than 700 nursing home administrators attended, making it the largest convention in the association's history, according to Frank C. Bateman, executive director.

Also elected were: 1st vice president, Florence Baltz, Washington, Ill.; 2d vice president, Lewis Gash, Newark, N.J.; 3d vice president, Alton Barlow, Canton, N.Y.; 4th vice president, Clarence Reding, Fresno, Calif., and 5th vice president, Charles Schmid, Tucson, Ariz.

J. T. Wheeler of Matthews, N.C., was elected secretary; Morrill S. Ring of Medford, Mass., was named treasurer, and Mrs. Honour Huffman of Logansport, Ind., was elected historian.

The 1958 convention of the association will be held in San Francisco from September 8 to 11.

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Just remove door on top. Then wash the coils with
hose or large volume of water!

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Nebulizer is located in bellows-tube
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STANDARD AQUALOR (Model
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note oxygen flowmeter
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and right), oxygen controls (bottom).

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Hospital Construction Expected to Rise in 1958

WASHINGTON, D.C.—New hospital construction in 1958 should exceed the 1957 total by approximately 5 percent, it was estimated here last month.

In a report presented here, R. M. Cunningham Jr., editor of *The MODERN HOSPITAL*, said that new hospital construction for 1957 would total an estimated 40,000,000 sq. ft. of floor area, and indications are that the 1958 total should aggregate 42,000,000 sq. ft. The dollar volume of new hospital construction in 1957 is expected to

reach a total of approximately \$850 million, making this the largest construction year, in dollar volume, since 1950, and possibly the largest of all the postwar years.

Mr. Cunningham said estimates for 1958 were based on statistics collected by the F. W. Dodge Corporation of New York, publishers of *The MODERN HOSPITAL*, *Architectural Record*, Sweet's Catalog Service, and construction news services.

Reviewing hospital construction figures for several years past, Mr. Cunningham added:



Add extra bed space in existing room area

Empty beds caused by adjoining patients with malodorous conditions represent an unnecessary loss to a modern hospital. Installing an Airkem odor-control program neutralizes the odors and makes the extra beds available for immediate use. Cost of the Airkem program is far less than the increased income afforded the hospital. An additional advantage of the Airkem program is the marked improvement in the morale of patients, visitors and personnel.

Airkem portable vaporizers for use in wards or private rooms con-

trol even the most severe odors. Airkem odor-control programs are currently simplifying management and maintenance problems for over 1,000 hospitals in the United States and many others abroad.

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"With all this building, it seems reasonable to think that we may have reached the point where the need for hospital beds is largely supplied, or will soon be largely supplied, and thus the outlook for continued intensive building activity would be less favorable than it has been in the recent past.

"Actually, this is a long way from being the case. There are some areas, to be sure, which are now well supplied with hospital beds and may be expected to curtail building expansion in the years just ahead. For the nation as a whole, however, the new hospital beds that have been furnished in the building program of the last 10 years have barely kept pace with the demands of the growing population; there are still large areas with substantial bed deficits, and there are other areas in which large numbers of hospital beds still in use are in old, inefficient and unsafe structures. To meet these needs, hospital construction must be maintained at present levels for many years to come.

"If we consider other factors than the population base, however, we may need to step up the rate of hospital expansion considerably beyond the present level. The utilization of hospital facilities is increasing more rapidly than the population, and while advances in medical science affecting the need for hospital facilities are of course unpredictable, there can be little question that the trend in developing medical technology over the years is always toward a greater and greater need for the staff and facilities available only in the hospital."

South Dakota Association Elects Sister M. Rosaria

SIOUX FALLS, S.D.—Sister M. Rosaria, administrator of Sacred Heart Hospital, Yankton, was named president-elect of the South Dakota Hospital Association during its annual convention here October 15 and 16.

Horace Atkin, administrator of Community Memorial Hospital, Redfield, was elected president, succeeding E. B. Morrison of Sioux Falls.

Other officers include: vice president, Stanley Costello of Aberdeen; secretary-treasurer, Zella Messner of Pierre, and trustee, Sister M. Stephen, administrator of St. Joseph's Hospital, Mitchell. Mr. Morrison was named American Hospital Association delegate, with Mother Cornelia of St. Luke's Hospital, Aberdeen, as alternate.

Ultra-modern Main Kitchen at St. Elizabeth's Hospital in Belleville, Illinois. Architect Henry R. Slaby of Milwaukee, Wisconsin, specified interiors of Natco Ceramic Glaze Vitrile and exteriors of Natco Buff Roman Face Brick. Contractor was Bauer Brothers Construction Company of Belleville.



St. Elizabeth's Hospital—where Corridors, Laundry, Kitchens, Power Plant, Laboratories, Wash Rooms, Lockers and Food Storage Rooms, Cafeteria—even the Chapel have an always new look, thanks to NATCO Ceramic Glaze Vitrile

St. Elizabeth's Hospital at Belleville, Illinois, presents a striking example of the use of two major products. The exterior walls are Natco Buff Roman Face Brick while interiors feature Natco Ceramic Glaze Vitrile combining permanence and beauty in a wide range of locations.

Builders find Natco Ceramic Glaze Vitrile also offers other important features in a single building material. It makes sound, fire-proof structural walls and partitions, plus a colorful wear-resistant interior finish in a single operation . . . at one cost. Years after installation it will retain its new look because soap and water maintenance is all it ever needs.

Finally, Natco Vitrile is available in 21 standard colors (including the new speckled glaze) to permit selection of the shade needed for pleasing appearance and proper lighting.

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Series	Nominal Face Size	Tile Face Size	Nominal Thickness
"8W"	8" x 16"	7 3/4" x 15 1/4"	2", 4"
"6T"	5 1/2" x 12"	5 1/4" x 11 1/4"	2", 4", 6", 8"
"4D"	5 1/2" x 8"	5 1/16" x 7 3/4"	2", 4", 6", 8"

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Replacement Program Is Hit of Blood Meeting

(Continued From Page 52)

The health insurance association is recommending that its members do not advertise this feature in order to discourage this thinking, Mr. Orsini said. To the suggestion that such coverage be excluded from the contract, he indicated the insurance companies might then fail to meet a demanded need.

The ultimate answer, Mr. Orsini stated, lies with the hospital, which should put a dollar value on the ad-

ministrative portion of the blood transfusion bill and a replacement value on the blood portion of the bill to the patient.

If this were done, Mr. Orsini said, it would put the responsibility on the patient to support the voluntary blood donor program.

A history of blood transfusions and a statement of the problems involved in replacement of blood and prepayment plans was given by Dr. Martin.

Dr. Ackart stated the position of the Blue Cross Plan on the problem. He said that since 1952 Blue Cross has

accepted coverage for all service fees relative to blood transfusions but does not provide reimbursement for blood in the basic plan.

Other topics covered in administrative sessions included: blood bank inspector training, the blood bank code of ethics, the legal responsibilities of blood banks, common accounting problems of blood banks, and public relations.

Miss Saunders, who received the John Elliott Award, is an attorney. She was engaged in administrative work for the blood bank at Baylor University Hospital when she presented the idea of forming the association to the hospital administration and asked that Baylor sponsor a blood bank institute. It did in 1947 and the association was formed at that meeting.

In addition to Dr. Hunter, new officers of the association include: president-elect, Dr. Ralph M. Hartwell of New Orleans; vice president, Dr. E. R. Jennings, Detroit; secretary, Dr. John B. Alsever, Phoenix, and treasurer, Bernice Hemphill, San Francisco.



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Brillo Floor Pads are available for all makes of rotary electric floor machines from 8" to 21" diameters and in grades 0, 1, 2, 3 for any cleaning, waxing or buffing operation. Write for free informative booklet.

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40 per Cent of Blood Is Collected by Hospitals

(Continued From Page 51)

perhaps sometimes buy blood from other small hospitals when emergencies occur. The facilities in Category B account for 3.6 per cent of the total.

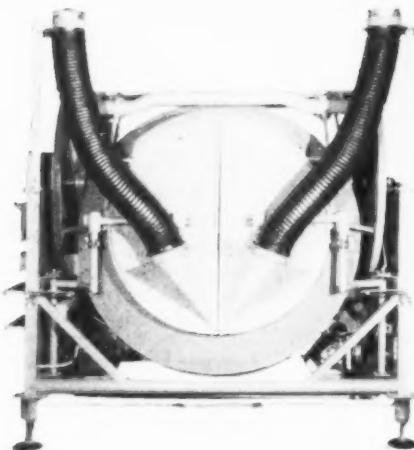
Category C, the American Red Cross, accounts for 37.9 per cent of the total, exceeding Category A by a narrow margin. Unpaid volunteers donate the supply distributed from the organization's 50 regional centers. Relatively, New England shows the greatest utilization of the Red Cross service and the West South Central census division the least, the report noted.

Nonpayment community or nonhospital blood banks furnished 9.5 per cent of the blood for transfusions in 1956.

Commercial blood banks (Category E) furnish nationally 11 per cent of the total blood used in hospitals. In the West South Central division, they account for nearly one-third of the supply.

Donors in Category F, who receive direct payment from hospitals, trail behind all other supply sources except in the West North Central division, where, in 1956, they provided more blood than did the commercial blood banks. Nationally, the blood for only 2.1 per cent of all transfusions was obtained from this source.

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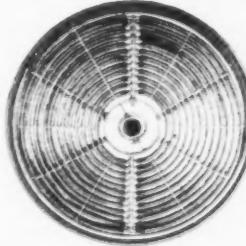
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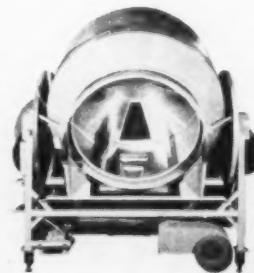
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Illinois Central Hospital	Chicago, Ill.
Lying-In Hospital	Chicago, Ill.
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Menorah Medical Center	Kansas City, Mo.
Mercy Hospital	Sacramento, Calif.
Oak Park Hospital	Oak Park, Ill.
Pontiac State Hospital	Pontiac, Mich.
Presbyterian Hospital	Chicago, Ill.
Providence Hospital	Oakland, Calif.
St. Francis Hospital	Chicago, Ill.
Stratford General Hospital	Stratford, Ont.
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Unloading position shows powerful 6" Blower, also removable cleaning "door" to get to coils.

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Joplin, Missouri

DEPENDABLE PRE-DRYING CONDITIONING TUMBLERS

Cost of Processing and Collecting Blood Is Set at Approximately \$10 per Unit

CHICAGO.—An analysis of the cost of collecting and processing whole blood which results in a figure of approximately \$10 for one unit of blood is described in an article published recently.

The article is entitled "Economics of Blood Transfusion" and is printed in the November issue of the *Bulletin of the College of American Pathologists*. The author is Dr. Coye C. Mason, clin-

ical associate professor of pathology, University of Illinois College of Medicine, and medical director, Chicago Blood Donor Service.

In the analysis, cost figures are estimated for a blood bank which cross-matches and dispenses 100 units of blood per month. It is noted that the expense in a larger operation would be smaller on a per unit basis and that even the smallest hospital blood bank

should procure and collect at least 110 units per month to maintain some sense of economy.

The article allocates nearly half of the \$10 per unit cost to the labor expense. It is felt that a single technician with a half-time clerk should be able to conduct the 100 unit blood bank. If the technician is paid \$350 per month, each unit of blood represents an expenditure of \$3.50 in salary. The half-time clerk's salary adds \$1 to the cost. A half-dollar for the medical director's fee brings the cost to \$5. If other laboratory functions are the responsi-

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In choosing B-P CHLOROPHENYL, you avail yourself of a medium free from phenol (carbolic acid) or mercury compounds . . . one highly effective in its rapid destruction of commonly encountered vegetative bacteria (except tubercle bacilli). See chart.

Compare the killing time of this superior bactericidal agent		
Vegetative Bacteria	50% Dried Blood	Without Blood
Staph. aureus	15 min.	2 min.
E. coli	15 min.	3 min.
Strept. hemolyticus	15 min.	15 sec.

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No. 300 B-P INSTRUMENT CONTAINER is suggested for your convenient and efficient use of BARD-PARKER CHLOROPHENYL. Holds up to 8" instruments.

Breakdown of Cost per Unit of Blood in the Hypothetical Blood Bank Doing a Volume of 100 Units per Month.

Technician's salary	\$ 3.50
Part-time clerk salary	1.00
Medical director's fee	.50
Blood bottle, pilot tubes donor set	1.30
Antiseptics, sponges, alcohol and bandages	.05
Canteen expenses	.20
Anti A & B serum (per drop)	.01
Absorbed A serum (per drop)	.10
Anti D, C & E identification	.22
Antiglobulin test	.20
Controls, positive and negative	.05
Serological tests	.80
Rent	1.25
Utilities, phone	.40
Depreciation and amortization	.75
Total	\$10.33

bility of these individuals the proportionate expense would be lower, although if technical coverage of the blood bank is required on a seven-day week basis the expense of technical salary must be graded upward.

Approximately 300 square feet of floor space would be the minimum for a suitable blood bank with the 100 unit volume, according to Dr. Mason. In the small hospital, a single long room divided into cubicles would be adequate, with space for phlebotomy isolated from the laboratory and waiting room, the canteen and waiting room possibly combined, and a separate cubicle for the care of the donor who has an unexpected reaction.

At \$5 per square foot per year, the rent would be \$125 per month, or \$1.25 per blood unit. Utilities and telephone total 40 cents per unit, and depreciation and amortization of equipment will amount to approximately 75 cents per unit.



"SAFE-WRAP" ^{sterile} **TOPPER SPONGES** (two's)

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Cost less than hospital hand wrapping

adopt the complete line
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PRE-WRAP
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8" x 7 1/2"

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Solutions emerge glistening clear and sterile from Castle Nickel-Clad Steel sterilizer.

“Build in a sterilizing set-up that’s easy-to-use, easy-to-maintain,”

...said the building committee for the new, 800-bed Montreal General Hospital

Castle's planning service came up with the answer . . . based on Nickel-Clad Steel and Monel® nickel-copper alloy sterilizing equipment.

Easy-to-use. Well-planned layout of sterilizing facilities and automatic control features in the Castle units save time...effort. Make it easier to achieve more uniform sterile technique, too.

And how easy to clean the units. Just wipe with damp cloth. Dried deposits come right off with scouring powder.

Commercial cleansers won't hurt a Monel surface. In fact, *hardly anything* harms Monel nickel-copper alloy. Surfaces stay smooth . . . seldom scratch or dent. True of Nickel, too.

Easy-to-maintain. Monel-walled sterilizers resist corrosion. Monel alloy

often serves twenty to thirty years with very little care.

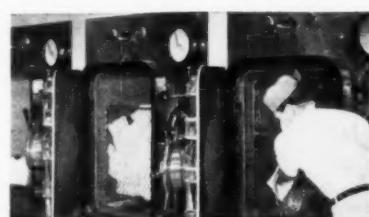
Castle puts Monel alloy in both walls of their cylindrical units, and in the end rings. All welded into one. No rivets to work loose causing leakage.

You should hear the nice things nurses at Montreal General say about the auxiliary equipment made with Monel nickel-copper alloy . . . racks, trays, operating-room equipment.

Are you building a new hospital . . . or renovating? Write Wilmot Castle Co., Rochester 2, New York. Or call their local office. Their planning service will be glad to help you, too.

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Lasting efficiency assured. Thanks to Monel nickel-copper alloy and Lukens Nickel-Clad Steel, personnel at Montreal General should have an easier time of it for years. In Central Sterile Supply, sterilizer cleaning is no big chore. Packs are less apt to be stained. Equipment shines. "Engineering" benefits, too, when so little need be done to maintain the equipment.



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Nickel-Clad and Monel sterilizers...easy to care for



Exclusive new
JEWELTONE* finish in
breathable Du Pont Fabrilite

vinyl upholstery

for soft yielding comfort on
furnishings that get heaviest use

Imagine...lustrous iridescence and the texture of raw pongee silk now available in breathable, durable Du Pont "Fabrilite" vinyl upholstery. It's the new "Siam" pattern with exclusive "Jeweltone" colors—ten harmonizing, lustrous tints, including nontarnish gold to brighten furnishings that get heaviest use.

Exclusive Du Pont formulation resists soil and wear, yet drapes for easy tailoring. Thousands of invisible pores breathe for soft, yielding comfort. Cleanable "Fabrilite" offers high-fashion, decorator styling in upholstery that stays new-looking for years.

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**Delaware Administrator
Named President-Elect
of Regional Association**

WASHINGTON, D.C. — Wilbur C. Anderson, executive director of Emily P. Bissell Hospital, Wilmington, Del., was chosen president-elect of the Maryland-District of Columbia-Delaware Hospital Association at its 17th annual convention here November 6 to 8.

Approximately 2500 persons attended the conference.

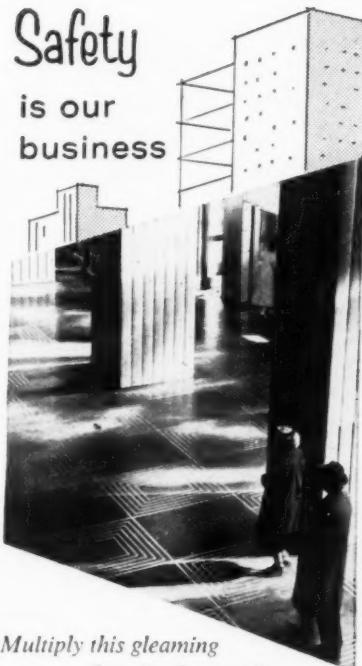
Victor F. Ludewig, administrator of George Washington University Hospital, Washington, D.C., took office as president, succeeding Dr. Russell A. Nelson, director of Johns Hopkins Hospital, Baltimore.

Other officers elected were: 1st vice president, Sanford Kotzen, administrator, Franklin Square Hospital, Baltimore; 2d vice president, Sister Mary Evangelist, administrator, Georgetown University Hospital, Washington, D.C.; 3d vice president, Maurice W. J. Abraham, director, Kent General Hospital, Dover, Del.; secretary, M. B. Tuttle, administrator, Montgomery County General Hospital, Olney, Md.; treasurer, Barry Bowers, director, Hospital for Women of Maryland, Baltimore, and trustees, Sister Mary Thomas, administrator, Mercy Hospital, Baltimore, and John A. Schaffer, administrator, Washington County Hospital, Hagerstown, Md.

Holding its annual meeting during the conference, the Maryland Hospital Association named Robert S. Hoyt, administrator of Lutheran Hospital of Maryland, Baltimore, as its president-elect. John A. Moberly, administrator, Memorial Hospital, Cumberland, succeeded Dr. Nelson of Johns Hopkins Hospital as the association's president.

Other Maryland officers are: secretary, Harold P. Coston, administrator, Cambridge-Maryland Hospital, Cambridge; treasurer, Mr. Bowers of Hospital for Women of Maryland; delegate, Brady J. Dayton, administrator of Peninsula General Hospital, Salisbury, and alternate, Mr. Kotzen of Franklin Square Hospital.

The District of Columbia Hospital Association chose Dr. Warwick T. Brown, administrator of Washington Hospital Center, as president-elect. Sister Mary Evangelist of Georgetown University Hospital succeeded Richard M. Loughery, deputy administrator of Washington Hospital Center, as president. William M. Bucher, executive director of the Hospital Council of the National Capital Area, was named



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11

secretary, and Edith A. Torkington, administrator of Children's Hospital, was elected treasurer.

New officers of the Association of Delaware Hospitals are: vice president, Mr. Abraham of Kent General Hospital, Dover; secretary-treasurer, Charles N. Pierson, business manager of Emily P. Bissell Hospital, Wilmington; delegate, Charles E. Vadakin, managing director of Memorial Hospital, Wilmington, and alternate, Mr. Abraham. Mr. Vadakin took office as president, succeeding Anson B. Nixon, president of Wilmington General Hospital, Wilmington.

Rhode Island Association Names Honorary Member

PROVIDENCE, R.I.—Congressman John E. Fogarty of Rhode Island was made an honorary member of the Hospital Association of Rhode Island, in recognition of his contributions to the field of health, at the 25th anniversary meeting of the association, held here October 22.

Dr. I. Herbert Scheffer, executive director of Miriam Hospital, Providence, was reelected president of the association.

Also reelected were: vice president, the Rev. Stephen K. Callahan, Bishop's secretary for hospitals, Diocese of



Congressman John E. Fogarty of Rhode Island (l.) accepts a citation of honorary membership in the Hospital Association of Rhode Island from Dr. I. Herbert Scheffer, president, during the association's 25th anniversary meeting.

Providence; treasurer, Nicholas E. Johnson, business manager at State Hospital for Mental Diseases, Howard, and trustee (for a three-year term), William E. Sleight, director, Roger Williams General Hospital, Providence. John E. Norton, assistant to the director, Rhode Island Hospital, Providence, was elected to a three-year term as a trustee. Wade C. Johnson is executive director.

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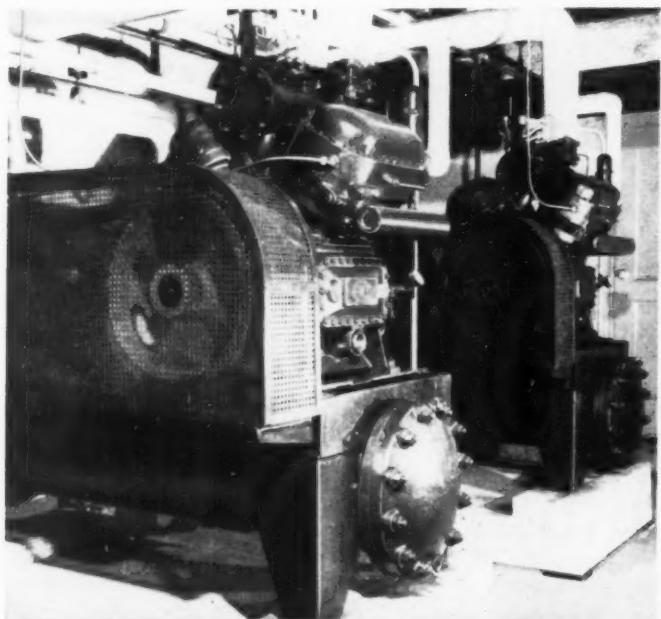
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**Medicare Rejects A.M.A.
Proposal to Change Basis
of Specialists' Payments**

WASHINGTON, D.C. — A proposal to change the basis for payment to anesthetists, pathologists and radiologists who work on contract with hospitals in the Medicare program was rejected last month by the Medicare advisory committee.

The American Medical Association had urged that payments for services be made directly to the specialists in all cases, but the committee voted to continue the present arrangement of following local custom, it was reported by Maj. Gen. Paul I. Robinson, executive director of Medicare.

Patients will continue to be liable for the first \$25 of their hospital bill, or for \$1.75 per day, whichever is greater, Gen. Robinson said. It has been recommended to the Secretary of Defense, however, that patients not be required to pay an additional hospital fee for rehospitalization as a result of complications of the original illness within 14 days of the initial discharge, Gen. Robinson reported.

It also was recommended that the government pay 90 per cent of the difference in cost between semiprivate and private accommodations in hospitals where only private rooms are available, he said.

In another proposal, the A.M.A. asked that payments to physicians be changed from a "full service" to an "indemnification" basis, whereby a schedule of fixed payments would be established for each condition treated, leaving the doctor free to set his own fee. If his fee exceeded the fixed Medicare payment, the patient would then be expected to pay the difference. Under the "full service" program, the exact amount of the physician's claim is paid by Medicare.

The advisory committee, however, rejected this proposal and voted to retain the "full service" payments. The proviso was made that the subject could be reopened later on the basis of hardship complaints from physicians, Gen. Robinson said.

A total of 171,221 hospital claims, at a cost of \$17,997,675, have been paid by Medicare during the period from Dec. 7, 1956, when the program began, through October 16 of this year, Gen. Robinson reported. Claims from private physicians totaled 262,947, at a cost of \$18,634,928, during the same period.



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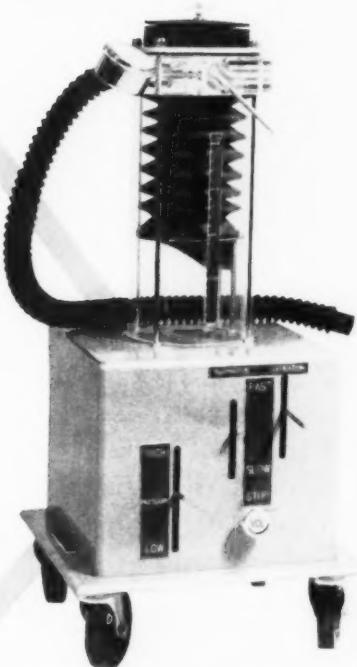
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COMING EVENTS

ALABAMA HOSPITAL ASSOCIATION, Hotel Stafford, Tuscaloosa, Jan. 30, 31.

AMERICAN COLLEGE OF SURGEONS, Joint Nurses-Surgeons Meeting, Commodore Hotel, New York, March 3-6.

AMERICAN HOSPITAL ASSOCIATION, Midyear Conference of Presidents and Secretaries of State and Regional Hospital Associations, Palmer House, Chicago, Feb. 7, 8.

ASSOCIATION OF OPERATING ROOM NURSES, Bellevue-Stratford Hotel, Philadelphia, Feb. 10-12.

ASSOCIATION OF WESTERN HOSPITALS, Civic Auditorium, San Francisco, April 21-24.

CAROLINAS-VIRGINIAS HOSPITAL CONFERENCE, Hotel Roanoke, Roanoke, Va., April 24, 25.

CATHOLIC HOSPITAL ASSOCIATION, Atlantic City, N.J., June 21-26.

COMITÉ DES HÔPITAUX DU QUÉBEC, Montreal Show Mart, Montreal, Que., June 25-27.

GEORGIA HOSPITAL ASSOCIATION, Raiston Hotel, Columbus, Feb. 20, 21.

INDIANA HOSPITAL ASSOCIATION, Indiana Student Union Building, Indianapolis, Oct. 8, 9.

KENTUCKY HOSPITAL ASSOCIATION, Sheraton-Seelbach Hotel, Louisville, April 15-17.

LOUISIANA HOSPITAL ASSOCIATION, Beliement Motor Hotel, Baton Rouge, March 20-22.

MARYLAND-DISTRICT OF COLUMBIA-DELAWARE HOSPITAL ASSOCIATION, Shoreham Hotel, Washington, D.C., Nov. 3-5.

MASSACHUSETTS HOSPITAL ASSOCIATION, Hotel Statler, Boston, May 15.

MIDDLE ATLANTIC HOSPITAL ASSEMBLY, Convention Hall, Atlantic City, N.J., May 21-23.

MID-WEST HOSPITAL ASSOCIATION, Municipal Auditorium, Kansas City, Mo., March 24-26.

NATIONAL ASSOCIATION FOR PRACTICAL NURSE EDUCATION, Hotel del Coronado, Coronado, Calif., April 14-18.

NATIONAL ASSOCIATION OF METHODIST HOSPITALS AND HOMES, Morrison Hotel, Chicago, Feb. 11-13.

NEW ENGLAND HOSPITAL ASSEMBLY, Hotel Statler, Boston, March 24-26.

OHIO HOSPITAL ASSOCIATION, Netherland-Hilton Hotel, Cincinnati, March 10-13.

SECOND ILLINOIS CONGRESS ON MATERNAL AND INFANT CARE, Hotel Pere Marquette, Peoria, Feb. 4-6.

SOUTHEASTERN HOSPITAL CONFERENCE, Hotel Fontainebleau, Miami Beach, Fla., May 14-16.

TENNESSEE HOSPITAL ASSOCIATION, Hotel Patton, Chattanooga, March 13-15.

TEXAS HOSPITAL ASSOCIATION, Statler-Hilton Hotel, Dallas, May 5-8.

TRI-STATE HOSPITAL ASSEMBLY, Palmer House, Chicago, April 28-30.

UPPER MIDWEST HOSPITAL CONFERENCE, Minneapolis Auditorium and Leamington Hotel, Minneapolis, May 14-16.

WEST VIRGINIA HOSPITAL ASSOCIATION, Daniel Boone Hotel, Charleston, Oct. 15-18.



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7 per Cent of Hospital Cases Result of Accidents

CHICAGO.—Seven per cent of all cases treated in American hospitals are the result of accidents, according to an American Medical Association survey.

Accidents combined with pregnancy, the "other great nondisease category," total about one-fourth of the entire hospital load, it was noted in the *Journal of the Association* recently. Many persons believe all patients are hospitalized for disease, an editorial said.

Jonas Salk Hall Proposed

PITTSBURGH.—The University of Pittsburgh has announced that it hopes to purchase Municipal Hospital here for \$1,300,000 to develop an institute for experimental medicine. The proposal has been submitted to the mayor and council of Pittsburgh. In recognition of the development of antipolio vaccine in the building, the university will name the hospital Jonas Salk Hall, and Dr. Salk's laboratories and offices will continue to be housed there.

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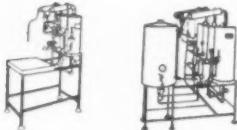
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Barnstead Briefs

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Contamination of distilled water often occurs through improper handling and unclean receptacles after it is received from the still. Thus the purity required for many exacting hospital requirements is ruined. An easy check for such contamination is by a conductivity type test



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Many Hospital Technicians are concerned with the pH of distilled water. When exposed to air, distilled water will absorb the CO₂ in the atmosphere causing a decrease in its pH (increased acidity). This can be guarded against by using only freshly distilled water. If the freshly distilled water itself has a low pH,

it can be increased by turning down the cooling water valve of the still. The condenser, operating at a higher heat, will drive off the CO₂ and effect an increase in pH.

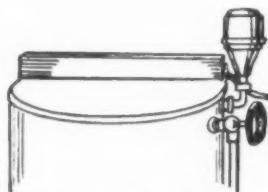
FIELD REPORTS

The purification of water by demineralization (ion exchange) is generally far less expensive than by distillation, though bacteria, organics, and pyrogens are not removed by this process. Some hospitals use Barnstead Demineralizers to provide pure water for washing glassware etc., thus effecting operating savings where sterility and freedom of pyrogens is not important. Hospitals also use demineralizers to purify water before it is fed to the evaporator . . . an effective safeguard against foaming and priming.



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80 years ago when Barnstead was first founded, distilled water was used rarely in the hospital. One use was for drinking purposes as part of a diet routine. It is of interest that Alexander Graham Bell, inventor of the telephone, ascribed his good health and 75 years of age to "a small distiller (Barnstead) from which I procure all my drinking water".



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ABOUT PEOPLE

(Continued From Page 82)

Stephens A. Lott has been named to succeed Edward W. Gilgan as director of Hurley Hospital, Flint, Mich. Mr. Lott has been assistant director since August. Patrick Fenlon, controller, has been appointed assistant director.

Alice A. Grant has resigned as administrator of Henrietta D. Goodall Hospital, Sanford, Maine. She will be succeeded by Florence L. Sharpe, former administrator at Maine Eye and Ear Infirmary, Portland.

Dan Meehan has been named administrator of Fayette Memorial Hospital, La Grange, Tex. He previously was administrator of Angelina County Hospital, Lufkin, Tex.

Robert W. Morris, former supervisor of the cashier's office at Wesley Memorial Hospital, Chicago, has been named evening administrative assistant, succeeding John A. Taft. Before going to Wesley in 1956, Mr. Morris was in sales work for a pharmaceutical firm. Bertram Breuer will replace Mr. Morris in the cashier's office.

Richard O. Thal has been named administrator of Morgan County War Memorial Hospital, Berkeley Springs, W. Va. Mr. Thal received his master's degree in hospital administration from Northwestern University and served his residency at North Mississippi Community Hospital, Tupelo, Miss.

Raymond J. Lowe has joined the staff of Jefferson Medical College Hospital, Philadelphia, as administrative assistant. Mr. Lowe received his degree in hospital administration from Columbia University in June.

Dwayne L. Hall, formerly administrator of Ryburn Memorial Hospital, Ottawa, Ill., has been appointed administrator of Marinette General Hospital, Marinette, Wis. He succeeds Morris R. Smith, whose resignation was reported in the October issue of *The Modern Hospital*.

Frank Schueller has been named administrator of Wichita General Hospital, Wichita Falls, Tex., succeeding Paul Ahlstedt, whose appointment as administrator of Methodist-Evangelical Hospital, under construction at Louisville, Ky., was reported in the October issue of *The Modern Hospital*. Mr. Schueller previously was assistant administrator of the Wichita hospital. He is a graduate of the hospital administration course of the University of Minnesota.

(Continued on Page 156)

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Charles R. Worthen has assumed the position of administrator of Conecuh County Hospital, Evergreen, Ala., succeeding **Robert H. Boone**, who is now administrator of D. W. McMillan Memorial Hospital, Brewton, Ala. Mr. Worthen formerly was administrator of Washington County Hospital, Chatom, Ala.

Ruth Green has been appointed administrator of Alva Osteopathic Hospital, Alva, Okla. Mrs. Green succeeds the late **Maurine Paxton**, who died in April after nine years of service with the hospital.

Bernita G. Jewson was recently appointed director of Northwest Clinic, St. Louis.

Dr. Albert L. Olsen, director of professional services at the Veterans Administration hospital in Battle Creek, Mich., has been transferred as manager of the V.A. hospital in Knoxville, Iowa, succeeding the late **James R. Jack**. At the same time the Veterans Administration announced that **Dr. Henry L. Vogl**, director of professional services at the V.A. Center in Wood, Wis., has been transferred as manager of the V.A. hospital in Minneapolis. He suc-

ceeds **Dr. John A. Seaberg**, who retired recently.

Dr. Benjamin F. Jackson, manager of the Veterans Administration hospital at Tomah, Wis., has been transferred as manager of the V.A. hospital at Bedford, Mass. **Dr. Thomas E. Dredge**, director of professional services at the V.A. hospital in St. Cloud, Minn., will succeed Dr. Jackson.

James H. Mullen, administrator of Logan County Hospital, Oakley, Kan., has been appointed administrator of Guymon Municipal Hospital, Guymon, Okla.

Bernice Cox, has been appointed administrator of Minneola District Hospital, Minneola, Kan., succeeding **Delmar Bottorff**. Mrs. Cox also will serve as superintendent of nurses. Formerly she was associated with Trinity Hospital, Dodge City, Kan., as supervisor of the maternity ward.

Department Heads

Hettie Bell Travis, R.N., has been appointed director of nursing at Mac Neal Memorial Hospital, Berwyn, Ill. Miss Travis formerly was director of nursing at West Suburban Hospital, Oak Park, Ill., for eight years. Prior to that she served at Children's Memorial Hospital and Women's and Children's Hospital, both in Chicago. She received her nursing degree from the University of Iowa.

Ferne Jordan has been appointed superintendent of nurses at Allen County Hospital, Iola, Kan., succeeding **Beulah Hamilton**, who resigned for reasons of health. Mrs. Jordan has been a member of the hospital's staff since 1952 and served as acting superintendent for three months.

Sister Mary William, instructor of dietetics in the Dominican school of nursing, Great Bend, Kan., has succeeded **Imelda Little** as dietitian of St. Catherine Hospital, Garden City, Kan. Miss Little, who has been dietitian for the last four years, has returned to college to complete her master's degree. **Sister Mary Alfonsa**, floor supervisor and former director of nurses at St. Catherine's, has gone to Great Bend to teach in the nursing school.

Elizabeth Bristol has been appointed nursing director of Porter Hospital, Middlebury, Vt. Mrs. Bristol will be succeeded in her present position of nurse supervisor by **Shirley Kellington**.

Harriet Arnold, R.N., has been named director of the school of nursing and nursing service at Rhode Island Hos-



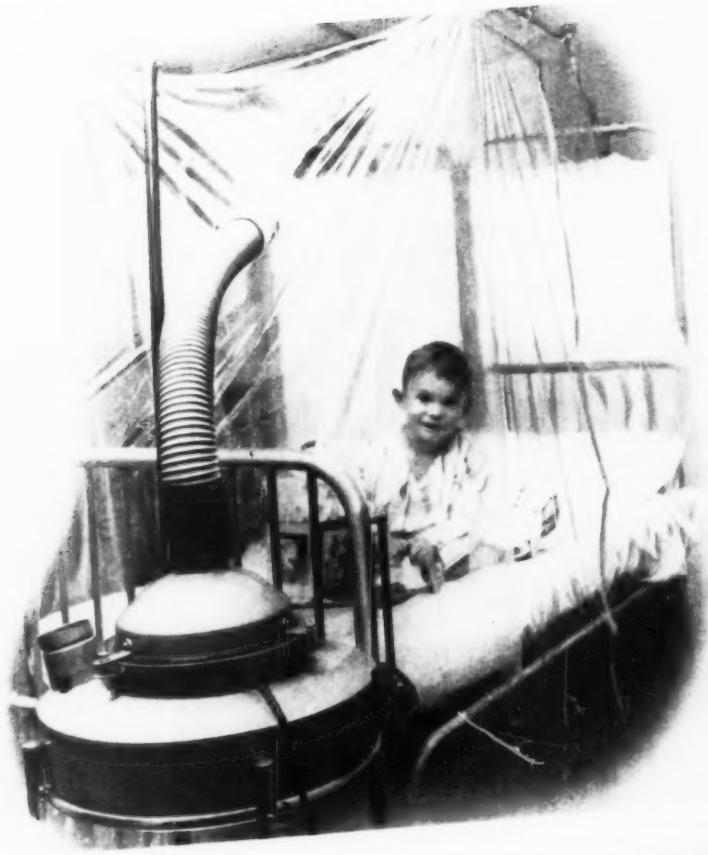
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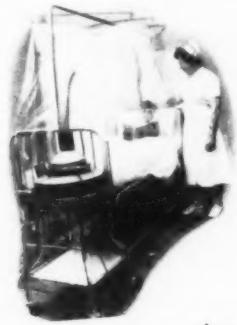
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pital, Providence. She formerly was director of nursing service at the University of Kansas Medical Center, Kansas City, Kan.

Carmen Ross, R.N., has been named director of nursing and nursing education at Mount Sinai Hospital, Miami Beach, Fla. Previously, Mrs. Ross was director of Mount Sinai's school of practical nursing for four years. She also



Carmen Ross, R.N.

has taught in the graduate and undergraduate professional nurse program at Jackson Memorial Hospital, University of Miami. She received her nursing degree from Adelphi College and a master's degree from Columbia University.

Dr. John Caldwell has been appointed professor and chairman of the department of psychiatry of the University of Miami Medical School and director of the institute at Jackson Memorial Hospital, Miami, Fla. He formerly was professor and chairman of the department of psychiatry at the Medical College of Georgia; he also has been chief

of the psychiatry and neurology department at Walter Reed Army Hospital, Washington D.C., and at Letterman Army Hospital, San Francisco.

Miscellaneous

Harvey V. Higley has resigned as administrator of Veterans Affairs, effective date to be determined. He has been administrator since July 1953. Mr. Higley, who recently observed his 65th birthday, plans to return to his home in Marinette, Wis.

Irene Healy, R.N.,

has been appointed associate administrator for nursing service and education for the Miners Memorial Hospital Association's 10 hospitals. She joined the association staff in 1955 as director of the school of professional nursing. Prior to this, she held several teaching and administrative positions in the nursing field. Miss Healy succeeds Anne Chapman, who has resigned to study for a doctoral degree at Columbia University.

Gordon A. Friesen, president of Gordon A. Friesen Associates, Inc., and hospital consultant to the government of Costa Rica, has been named honorary president of the Costa Rican Hospital Association.

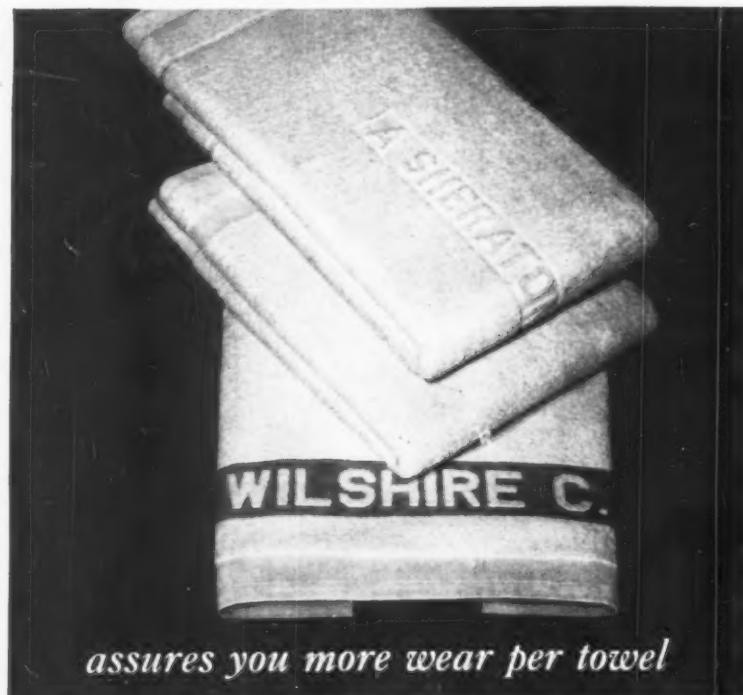
James E. Stuart has been elected executive vice president of the Blue Cross Association, it is announced by **Dr. Basil C. MacLean**, president. Since 1942, Mr. Stuart has been executive vice president and director of the Hospital Care Corporation in Cincinnati. He has been chairman of the American Hospital Association's Blue Cross Commission and consultant to the Department of Health, Education and Welfare.

Verne Kallejian, formerly chief of education, American Hospital Association, has been named director of organization development for the Bel-tone Hearing Aid Company, Chicago.

Deaths

William C. Gronert, 56, administrator of Walther Memorial Hospital, Chicago, was fatally injured in an automobile collision October 30. Mr. Gronert had been administrator for three years, and acting administrator for two years previously. Before assuming this position, he had been a member of the board of trustees for approximately 25 years. His successor has not been appointed.

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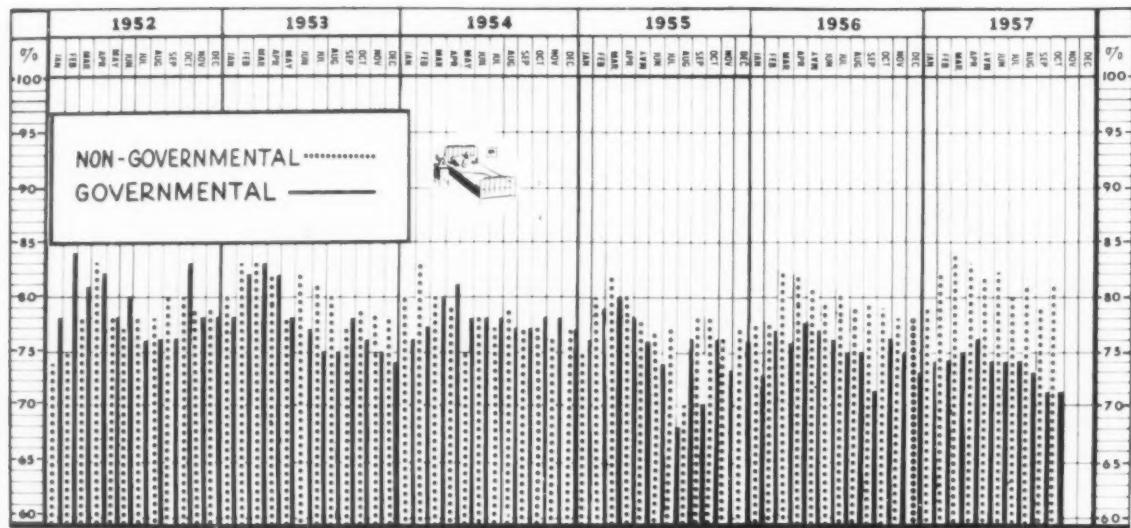
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Construction for Month Totals \$75,021,470



Voluntary hospitals reporting to the Occupancy Chart indicate they were filled to 81.2 per cent of capacity during October, and government hospital reports show occupancy at 71.1 per cent of capacity. For October 1956,

voluntary hospitals reported occupancy at 80.9 per cent. Government hospitals were 77.7 per cent occupied.

Construction during the current period, October 14 through November 11, amounted to \$75,021,470. For the

corresponding period of 1956, building totaled \$145,296,730. Making up the current 65 projects are 17 new hospital buildings, 42 additions to existing facilities and five alteration projects.

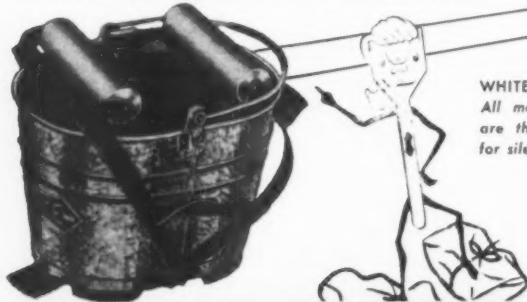
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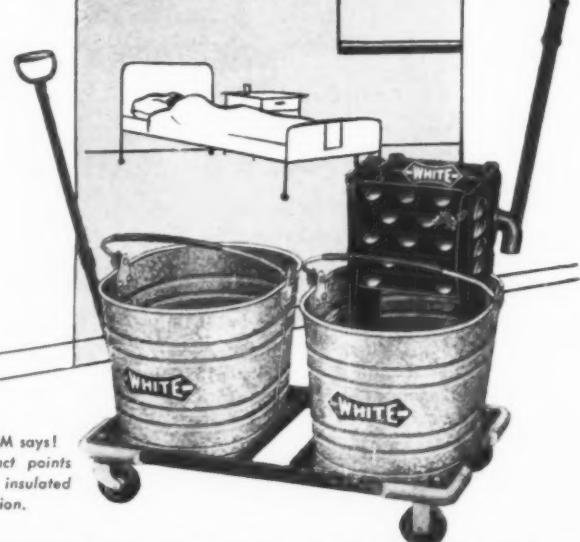
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2 WITH IDENT-A-BAND there's no need to apply a band that's just a little too tight for comfort or a little too loose for security. The wrist is measured with the band itself (see above). Then punch hole, clip off surplus band, insert card and band's ready for fastening. All in seconds!

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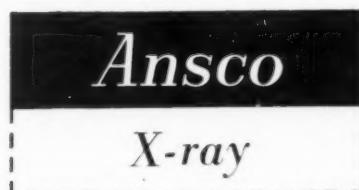
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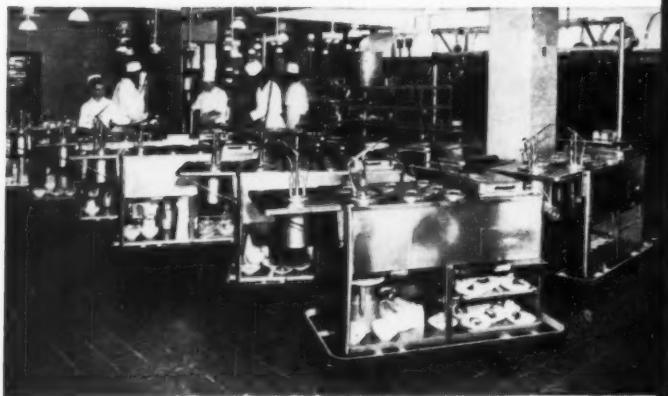


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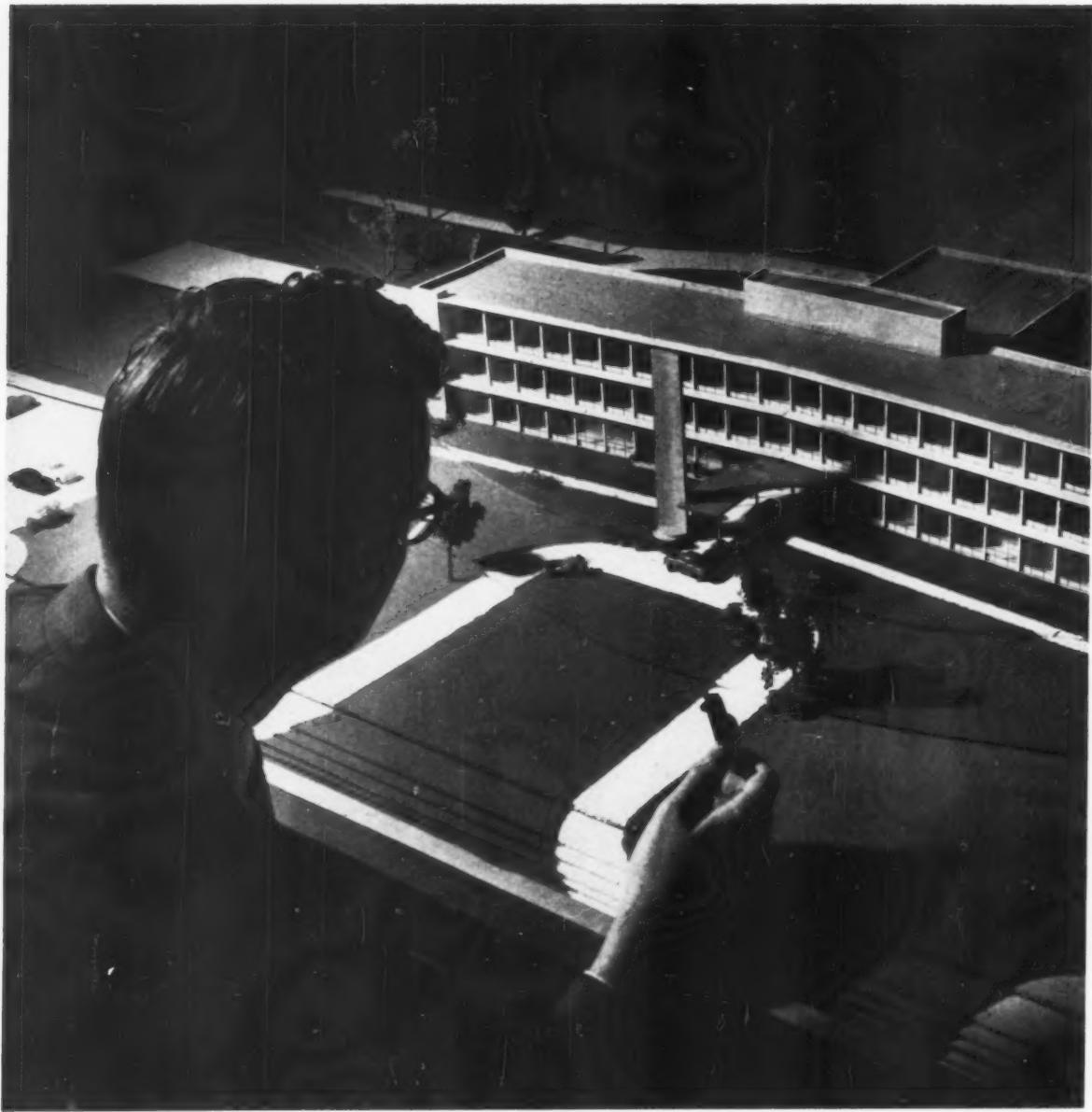
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ASSISTANT DIRECTOR Psychiatric and neurologic nursing, including service and education; salary upon request. Apply Director, Cook County School of Nursing, Dept. M., 1900 W. Polk Street, Chicago 12, Ill.

BUSINESS MANAGER Male; for 65-bed hospital in process of expanding to 105-beds; must be experienced in fund accounting and able to assume responsibility; excellent working conditions, 40 hour week; salary open. Apply Administrator, Lake Forest Hospital, Lake Forest, Illinois.

ASSISTANT DIRECTOR OF NURSING SERVICE B.S. and experience required; must have administrative ability; general hospital, 127-beds, 22 bassinets, affiliating school of practical nursing; near Cape Cod; salary to start \$4000 for experience; 4 weeks vacation, social security. Apply Director of Nursing, Morton Hospital, Taunton, Mass.

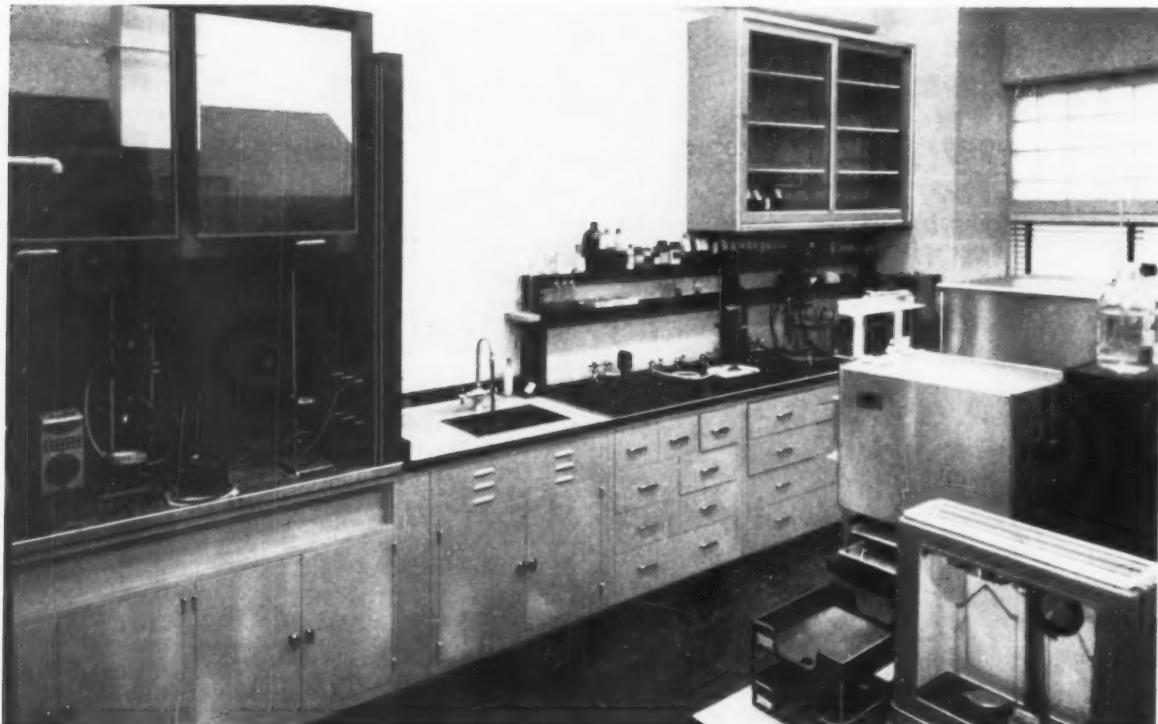
ASSOCIATE DIRECTOR OF NURSING SERVICE — 500-bed JCAH fully accredited general hospital, centrally located, near civic and cultural centers; school NLN full accredited; degree and successful nursing experience required. Apply Director of Nursing, Grace Hospital, Detroit 1, Michigan.

DIETITIAN Chief; modern teaching hospital in Boston area has opening on February 1st, or sooner, for chief dietitian; applicant must have administrative experience at least as assistant chief level; must supervise large department including teaching and therapeutic dietitians and food service supervisors; excellent opportunity; salary open. Write giving details to MO 213, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11, Illinois.

DIETITIAN Therapeutic, Borgess Hospital, 340-bed general hospital, duties include cafeteria, therapeutic diet planning, patient contact, general supervising and teaching student nurses; a large full-time medical staff and house staff; salary open, progressive personnel policies. Apply Hospital Administrator, Borgess Hospital, Kalamazoo, Michigan.

DIETITIAN If you are ready to take over as head of the department and are looking for an unusual and challenging opportunity we would like to hear from you; we are a 250-bed general community hospital soon enlarging to 500-beds; starting salary is \$6,000; four weeks vacation. Write or phone collect to Mr. E. C. Pohlman, Administrator, Grant Hospital, Columbus 15, Ohio.

(Continued on page 168)



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STAFF DIETITIAN—Therapeutic; A.D.A. member, to supervise dietary personnel and counsel patients; no teaching required; hospital recently expanded to 450-beds, located in desirable residential district; approved by Joint Commission; dietary facilities entirely new and air conditioned; dietetic program integrated with approved school of nursing, affiliated with Medical Research Institute; 40 hour week, broad personnel policies and benefits; salary open. Apply Miss Rosemary E. Brown, Director of Dietetics, The Toledo Hospital, Toledo 6, Ohio, or call Greenwood 2-1121.

DIETITIAN—Assistant; 150-bed general hospital; excellent opportunity to gain therapeutic and administrative experience, salary open; liberal personnel policies. Apply Administrator, Yakima Valley Memorial Hospital, Yakima, Washington.

DIRECTOR OF EDUCATION—NLN accredited diploma school; basic sciences taught Amarillo College; total enrollment 100; forty hour week, salary commensurate with qualifications; hospital JCAH; 230-beds; expansion program in process, city population 150,000. Apply Mrs. Wanda Reed, Northwest Texas Hospital, Amarillo, Texas.

DIRECTOR OF NURSING—Progressive 100-bed JCAH approved pediatric hospital with accredited pediatric residency training program and affiliated 20-bed adult rehabilitation program, starting salary dependent upon academic qualifications and experience, liberal sick leave, holidays, paid vacation policies. Write Administrator, Kaukeleani Children's Hospital, 226 North Kuakini Street, Honolulu 17, Hawaii.

FOOD SERVICE MANAGER—Top level executive position; to direct entire food service department of important medical center hospital in large mid-west city; excellent opportunity; salary open for well qualified man. Send full particulars including photograph to the Executive Director, Michael Reese Hospital, Chicago 16, Illinois.

INSTRUCTOR—Obstetric nursing, in a fully accredited school of nursing; 170 students, 350-bed hospital in large metropolitan city with educational and cultural advantages; college affiliation; housing available; liberal personnel policies; salary open. Apply MO 180, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11, Illinois.

INSTRUCTORS—Clinical; for operating room technique and in medical and surgical nursing, day, evening and night shifts; integrated program; affiliated with Drake University; 200 students in school; 400-bed, fully approved, non-profit hospital; minimum qualifications: B.S. degree, preferably in nursing education; salary open, 40 hour work week; 20 working days vacation; sick benefits; position open immediately. Apply Director of Nursing, Iowa Methodist Hospital, Des Moines, Iowa.

CLINICAL INSTRUCTORS—For medical and surgical nursing on evening shift; liberal personnel policies; Evangelical Deaconess Hospital School of Nursing, 6150 Oakland Ave., St. Louis 10, Mo.

INSTRUCTOR—Clinical; operating room; NLN accredited diploma school; assist operating room supervisor and teach formal and clinical classes for professional students; salary commensurate with qualifications; 40 hour week. Apply Mrs. Wanda Reed, Northwest Texas Hospital, Box 1110, Amarillo, Texas.

LIBRARIAN—Medical record; with demonstrated successful experience to serve as chief of department for 400-bed non-profit accredited teaching hospital which includes 115-bed pediatric unit; desire person capable of taking over current department with able assistants and with ability to supervise personnel and organize paper work flow and to adjust departmental work loads. Apply Personnel Director, Iowa Methodist Hospital, Des Moines, Iowa—friendly capital city of Iowa which includes campus of Drake University.

(Continued on page 170)





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NURSES General duty; 65-bed accredited general air-conditioned hospital; salary \$260 per month plus \$10 differential evening and night shifts; 40 hour week, 5 paid holidays, 10 days sick pay, paid vacations. For details write Director of Nurses, Indian River Memorial Hospital, Vero Beach, Florida.

NURSES—Operating room and staff; for 227-bed pediatric hospital in sunny California; salary \$315 per month with differential for operating room and evening and night duty; 5 day, 40 hour week; liberal personnel policies including vacation, sick time and retirement. Apply Director of Nursing, Childrens Hospital Society, 4614 Sunset Blvd., Los Angeles 27, California.

NURSE—Operating room; for modern air-conditioned, two room suite, in 52-bed general hospital; 12 days sick leave, 2 weeks vacation annually, paid holidays, annual bonus, 40-hour week; salary open. Apply Director of Nurses, Parkview Hospital, 1920 Parkwood Avenue, Toledo 2, Ohio.

NURSES—Psychiatric; for supervising psychiatric buildings and attendants; mature experienced; \$3,000 per year, board, room and laundry available at \$480 per year; social security and pension. Send full information to Director of Nurses, Brattleboro Retreat, Brattleboro, Vermont.

NURSES—Registered; for modern psychiatric hospital in Greens Farms, Connecticut; 1 hour from New York; Hall-Brooke nurses have 8-hour duty, optional 5 or 6 days week, nicely furnished private rooms; excellent salary, 7 paid holidays annually, or equivalent; sick leave; vacation, minimum 2 weeks, maximum 4 weeks dependent on length of service; profit-sharing plan; psychiatric experience not necessary; registered or eligible in State of Connecticut. Apply Mary R. Walsh, R.N., Director of Nursing, Hall-Brooke, Box 31, Greens Farms, Connecticut. Tel. Westport—Capital 7-5105.

NURSE Registered; surgical; \$300 monthly, and night general duty registered nurse \$260 monthly, plus meals, laundered uniforms, vacation, pension and insurance plan. Write Administrator, McCleary Hospital, Excelsior Springs, Missouri.

NURSES Registered; psychiatric hospital; liberal personnel policies; 40-hour week, attractive residence; positions available on all shifts; differential salary for evening and night service. Inquire Director of Nurses, Essex County Overbrook Hospital, Cedar Grove, New Jersey.

(Continued on page 172)

NURSES Registered; for staff duty, all departments; also supervisory and instructional positions open; 674-bed general hospital located in industrial city (500,000 population); liberal personnel policies; 40 hour week. For further information apply to Director of Nursing, Miami Valley Hospital, Dayton 3, Ohio.

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NURSES Staff; 174-bed county general hospital, Santa Cruz, California; ideal climate, beaches, 70 miles south of San Francisco; salary range \$322-392, 40 hour week; \$10 shift, special service differentials, 3 week vacation, 11 holidays, accumulative sick leave. Apply Santa Cruz County Personnel Department, 105 Soquel Avenue, Santa Cruz, California.

NURSING Staff; annually \$3000 to \$3360 plus two meals daily and uniform laundry, six paid holidays, liberal sick leave and vacation. Apply Director of Nursing, Episcopal Eye, Ear and Throat Hospital, 1147 15th St., N.W., Washington 5, D.C.

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SUPERVISOR—Assistant; in operating rooms; 300-bed hospital; adequate, modern equipment; 40 hour week; 20 paid days vacation, cash salary; liberal personnel policies; preparation and experience desired; salary open. Apply, Director of Nursing, Mercer Hospital, Trenton, New Jersey.

SUPERVISOR—Operating room; NLN accredited diploma school; 230-bed general hospital; average 20 operations daily; 40 hour

week, salary commensurate with qualifications. Apply Mrs. Wanda Reed, Northwest Texas Hospital, Box 1110, Amarillo, Texas.

SUPERVISORS—Registered nurse, 35-bed general hospital; starting salary: 7-3, \$310; 3-11, \$320; 11-7, \$330; liberal personnel policy. For further information write Memorial Hospital, Pecos, Texas.

TECHNOLOGIST—Laboratory; 250-bed hospital; salary open. Apply MO 171, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11, Illinois.

TECHNICIAN—Registered laboratory; \$300 to \$325 monthly, plus laundered uniforms, pension and insurance plan and paid vacation. Write Administrator, McCleary Hospital, Excelsior Springs, Missouri.

TECHNICIAN—Laboratory; 236-bed general hospital 30 miles from New York City; interesting position with advancement in progressive hospital. Contact Personnel Office, Morristown Memorial Hospital, Morristown, New Jersey.

TECHNOLOGISTS—Medical registered 160-bed general hospital, college town, 20 miles west of Milwaukee, major expansion program including new department of laboratory medicine started in spring of 1957; affiliation with Carroll College for training of medical technologists now in development stage; full time pathologist. Apply Personnel Department, Waukesha Memorial Hospital, 725 American Avenue, Waukesha, Wisconsin.



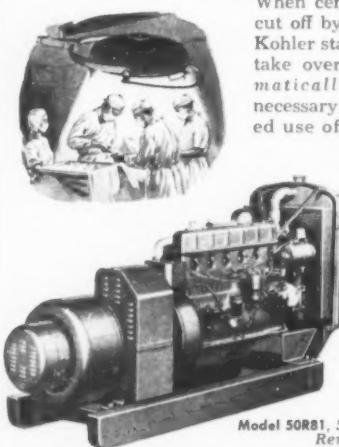
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ADMINISTRATORS (a) 80-bed hospital: \$6,600-\$7,800; northwest. (b) 100-beds, 8 month old hospital; salary open; southeast. (c) 115-bed hospital; \$8-10,000; fast growing community, west coast. (d) Lay or medical; good administrative experience with academic teaching hospital; if lay, must have MHA degree; includes 7 hospital units, total capacity 500; very excellent facilities; salary open to negotiation; east. (e) Desire to hire administrator before opening of new 75-bed hospital; he may handle buying provisions and hiring personnel; salary depends upon qualifications; southwest. (f) First class hospital administrator with years' good experience and successful practice; 230-bed hospital-nurses' training school; southwest. (g) One with hospital administration experience; between 25 and 45 years old; small hospital, southeast; salary \$6,000 but open to negotiation. (h) 200-bed, fully approved hospital; salary open; midwest. (i) Administrator for small hospital and consultant for four others; \$15,000 if well-qualified; west coast. (j) Medical: 450-bed voluntary, general hospital; fully approved; requires one with ability to reorganize medical staff, prefer MACHA; teaching program; attractive college town, 150,000; excellent salary for competent, experienced director; east.

(Continued on page 174)

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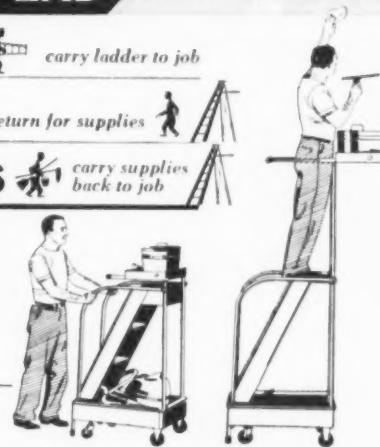
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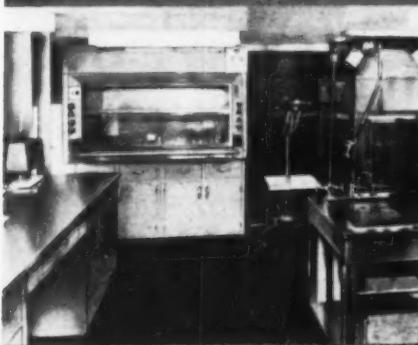
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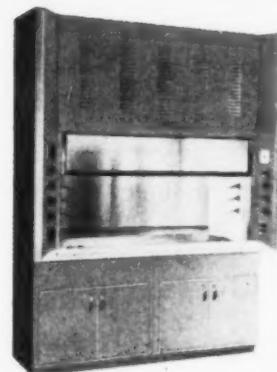
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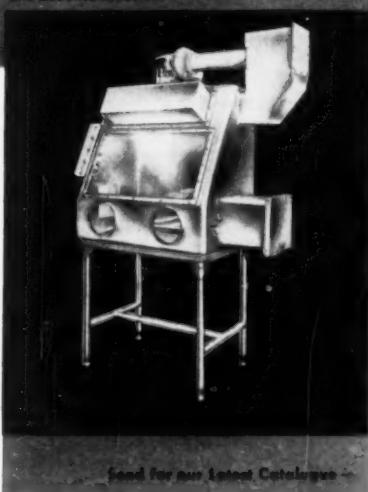
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ADMINISTRATIVE POSTS—(q) Comptroller, entitled director of finance; 400-bed hospital, fully approved; to \$9,000; midwest. (r) Business manager for one of six mental hospitals; \$5100 a year plus full maintenance; east.

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(Continued on page 176)

MEDICAL BUREAU—Continued

ANESTHETISTS—Free lance, southwest; guarantee minimum \$6000 up. (b) Join private group; midwest college town; opportunity earn \$8500. (c) Staff; large Florida hospital progressive ocean resort city; \$6000. (d) Foreign assignment; outstanding American company; air-conditioned hospital, living quarters; employee golf, tennis, swimming; \$11,000; paid air travel. MH12-2

DIETITIANS—(a) Chief, 200-bed hospital, suburban Chicago; \$6200. (b) General 125-bed hospital, beautiful region, New York state; \$7000. MH12-3

DIRECTORS OF NURSING—(a) Director of nurses; large hospital; all-graduate staff; strong administrative ability; to \$12,000, west coast. (b) Director, nursing education, service 500-bed hospital; 220 students; \$7000, apartment, garage, meals; eastern city 125,000. (c) Central nursing office, leading American industrial organization needs top nurse charge all in-patient wards; Foreign assignment; \$16,000. (d) Director, nurses, 60-bed hospital, Florida ocean resort; \$6000. MH12-4

EXECUTIVE PERSONNEL—(a) Accountant and, also, credit manager, both with hospital experience; 350-bed affiliated 300-man group; east. (b) Credit manager; 250-bed hospital, Florida; (c) Personnel director; university hospital, 950-beds; midwest. (d) Purchasing agent; 300-bed general hospital California. (e) Food service director; new 550-bed hospital, internationally renowned medical center. MH12-5

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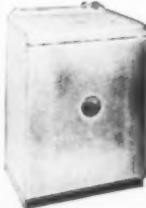


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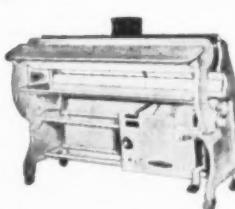
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212	ROOM	11.50+9				ROOM	11.50
	DRUG	2.75+2				DRUG	2.75
	XRAY	14.00+1				XRAY	14.00
	EKG	15.50+7		31.25•		EKG	15.50
212	DRESSGS	1.85+4				DRESSGS	1.85
	LAB	4.00+9				LAB	4.00
	PHYTHPY	12.00+6				PHYTHPY	12.00
	ROOM	11.50+9		1.90•		ROOM	11.50
212	DRUG	2.25+2		.35•		DRUG	2.25
212	NUR	6.75+9				NUR	6.75
	DELROOM	15.00+9				DELROOM	15.00
	TRANSFU	18.00+8		40.10•		TRANSFU	18.00
212	ROOM	11.50+9		51.60•		ROOM	11.50
212			25.00-	26.60•		CS	
212	DRESSGS	2.35+4				DRESSGS	2.35
	DRUG	7.50+2				DRUG	7.50
	OXY	10.00+9				OXY	10.00
	TRAY	1.65+3		48.10•		TRAY	1.65
212	ROOM	11.50+9		59.60•		ROOM	11.50

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POSITIONS OPEN

MEDICAL BUREAU—Continued

EXECUTIVE HOUSEKEEPERS (a) Male, large hospital, five buildings, leading eastern city; \$7500 up. (b) Reorganize department, 250-bed hospital, expansion to 400; midwest; MH12-6

FACULTY POST (a) Instructor, fundamentals of nursing; new collegiate program; act as research consultant, planning campus laboratory, equipment, etc.; near Mexico. (b) Teacher-coordinator; Vocational school; new program; beautiful Wisconsin resort city; \$7000. MH12-7

MEDICAL RECORD LIBRARIAN—(a) Chief, organizational, executive ability, 1600-bed medical center; university city, midwest. (b) Chief; top notch; reorganize department 500-bed renowned institution; \$7200; west coast; MH12-8

SUPERVISORS—(a) Foreign assignment medical, evening; English speaking hospital staff; personnel from 13 countries; interesting work; paid transportation salary open. (b) Operating room, obstetrics, pediatrics; 150-bed general hospital leading Florida resort; salary commensurate ability (c) Operating room supervisor; 550-bed general hospital, 10 operating suites, air conditioned, \$6000; leading university city, east. (d) Operating room-central supply; overseas assignment, American company hospital, \$10,000. MH12-9

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ADMINISTRATORS (a) 200-bed hospital; Maryland; open. (b) 200-bed hospital; midwest; salary \$14,000. (c) 150-bed hospital; west; salary \$12,000. (d) 125-bed hospital; west; salary open. (e) 100-bed hospital; east coast; \$7,200; new. (f) 100-bed hospital; northwest new; salary \$8,500. (g) 75-bed hospital; northwest; salary \$8,500. (h) 100-bed hospital; Florida; \$7,500. (i) 125-bed hospital; midwest; salary \$10,000.

ASSISTANT ADMINISTRATORS (a) 60-bed hospital S.C.; salary open. (b) 300-bed hospital; New England; salary open. (c) 500-bed hospital; south; salary open. (d) 600-bed hospital; Texas; salary open. (e) 400-bed new hospital; Wisconsin salary \$7,500. (f) First assistant; must have strong accounting background; \$8,500; 400-bed hospital. (g) 400-bed hospital; northeast; head of patient services; salary open.

BUSINESS MANAGERS (a) Large clinic, 14 doctors, new building salary \$8,500. (b) Large state hospital; salary \$7,500; northeast state. (c) 300-bed hospital; must have good accounting background; salary \$8,500. (d) 125-bed hospital; Ohio; salary \$450.

(Continued on page 178)

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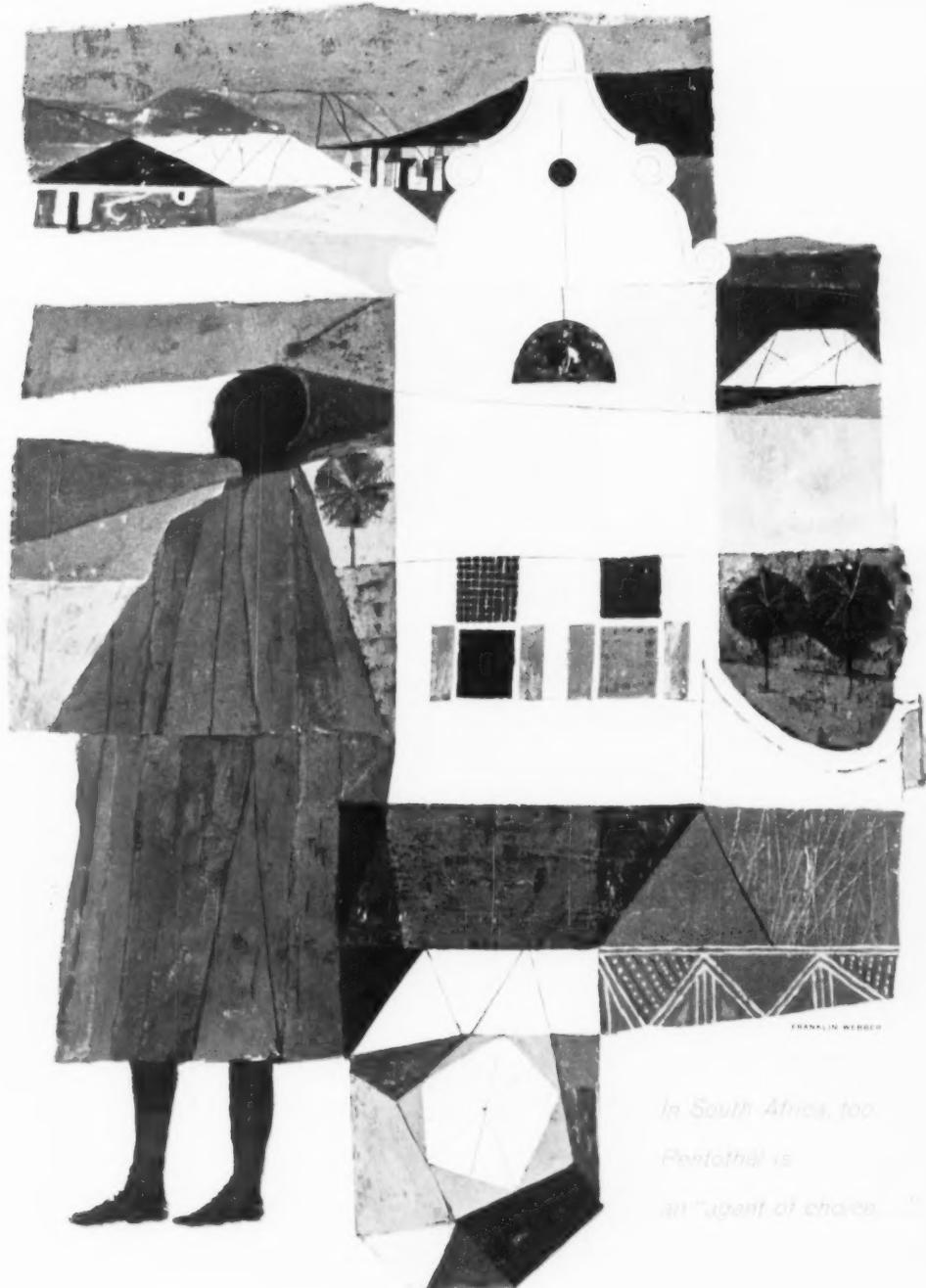


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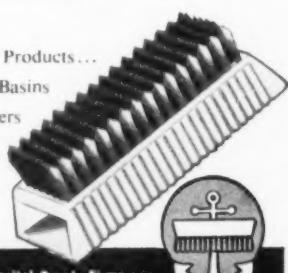
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PHARMACISTS — (a) Illinois 100-bed hospital; salary \$550. (b) 300-bed hospital; Ohio; salary \$500. (c) 200-bed hospital; Pennsylvania; salary \$400; will be assistant. (d) Chicago; \$500.

PURCHASING AGENTS — (a) Midwest: 500-bed hospital; salary \$8,500; must be well experienced, to handle million dollar budget. (b) 200-bed hospital; Ohio; open. (c) 125-bed hospital; south; open. (d) Midwest 250-bed hospital; salary \$500 per month.

PHYSICIANS — (a) Medical director; large State Hospital; salary open. (b) House physi-

MEDICAL EMPLOYMENT—Continued

cians, New England States; salary \$300 to \$500. (c) Residencies in O.B., medicine, and pediatrics; New England States.

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ASSISTANT ADMINISTRATOR — (a) 210-bed hospital, east. (b) 200-bed geriatric hospital, Ohio. (c) 200-bed hospital, university city, east.

COMPTROLLER — (a) 400-bed hospital, Pennsylvania. (b) Business manager; 100-bed hospital, New York State. (c) Credit manager; large Ohio hospital.

(Continued on page 180)

INTERSTATE—Continued

DIRECTOR OF NURSING — (a) 350-bed Ohio hospital. (b) 400-bed eastern hospital. (c) 250-bed southern hospital. (d) 200-bed hospital, Michigan. (e) Assistants—nursing service; nursing schools.

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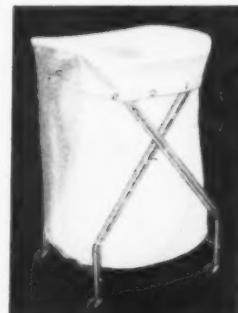
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SHAY—Continued

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(Continued on page 182)

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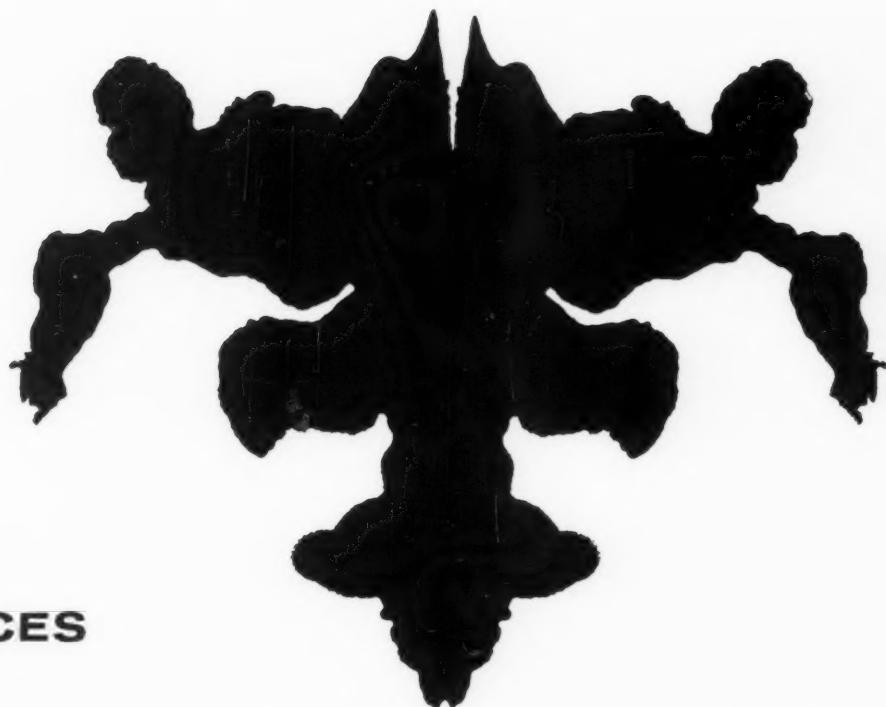
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(Continued on page 184)

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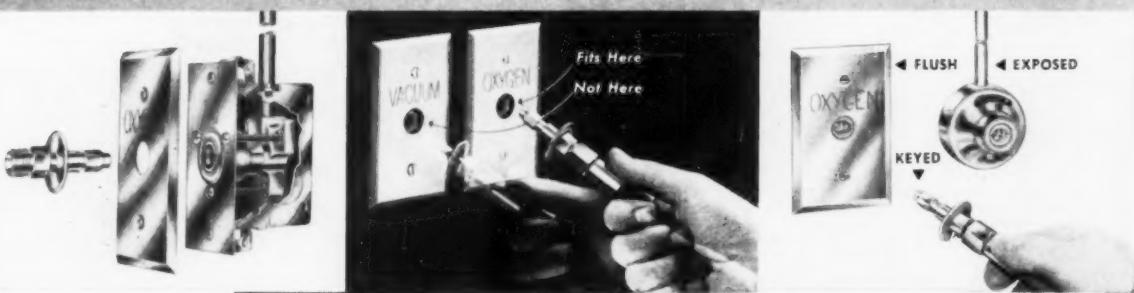
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THE BOSTON LYING-IN HOSPITAL offers to qualified registered nurses a six-months internship in maternity nursing. Clinical experience is offered in all phases. This includes antepartal clinics, delivery room, postpartum and diabetic unit, normal newborn, and premature nursery. Each nurse intern will have the opportunity to deliver a mother under supervision. An elective period will be spent in advanced experience in the area of choice. Room, laundry, food allowance and a stipend of \$75 per month is granted. Rooms are provided in a graduated house. The registration fee is \$20. For complete information write to Carolyn Davies, R.N., Director of Nurses, Boston Lying-in Hospital, Boston, Massachusetts.

UNIVERSITY OF MICHIGAN School for Nurse Anesthetists offers a 16 month course for nurses interested in anesthesia. Accredited by the American Association of Nurse Anesthetists. The training includes all techniques in inhalation, intravenous, and rectal anesthesia. Unlimited opportunities for endotracheal intubation and open chest anesthesia. Stipend provided. For information write, School for Nurse Anesthetists, University Hospital, Ann Arbor, Michigan.

SCHOOL FOR LABORATORY TECHNICIANS—Duration of course, 1 year. Tuition, \$100.00; approved by the American Medical Association. For further information, write the Director of Laboratories, Barnes Hospital 600 S. Kingshighway, St. Louis, Missouri.

GRADUATE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA offers a four month course in operating room technic and management to registered graduates of accredited schools of nursing. Registration fee \$20.00. Full maintenance and \$30.00 monthly cash allowance given. Apply to Director of Nursing Service, 1818 Lombard Street, Philadelphia 46, Pennsylvania.



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on a
BUDGET

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FLOWING FLAT
INDIAN TURQUOISE

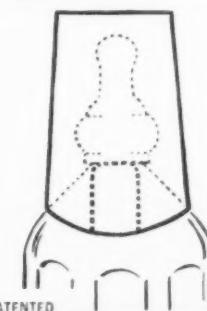
Enjoy beauty *plus* convenience and economy. Paint walls with PRATT & LAMBERT *New* Lyt-all Flowing Flat in exclusive Calibrated Colors.® Odorless type. Scrubbable. Its beauty endures.



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A Dependable Name in Paint since 1849
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Remember...



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DISPOSABLE NIPPLE COVERS...

provide space for identification and formula data... instantly applied to nipple; save nurses time... cover both nipple and bottleneck. Do not jar off. No breakage. Use No. 2 NipGard for narrow neck bottle... use No. H-50 NipGard for wide mouth (Hygeia type) bottle. Be sure to specify type desired.

THE QUICAP COMPANY, Inc.

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for quick, dependable protection to nursing bottles... use the original NipGard® covers. Exclusive patented tab construction fastens cover securely to bottle • For High Pressure (autoclaving) ... for Low Pressure (flowing steam).



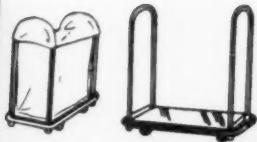
Your hospital supply dealer has NipGards. Professional samples on request.

**COLSON'S
MODERN
SERVICE
EQUIPMENT**
does it faster



**Easy rolling Colson Mop Truck
speeds up cleaning efficiency...**

Cleaning crews work from one area to another faster with Colson Mop Trucks mounted on silent, easy-rolling Colson wheels and casters. There's a model to efficiently meet the cleaning requirements of any amount of floor space. Colson Mop Trucks are available with tank capacities as small as 8½ gallons to as large as 60 gallons. All joints are welded and soldered absolutely watertight. Tank bottoms slope toward drip-proof drain valves.



**ALL-PURPOSE
PLATFORM TRUCK**
No. 10-6241

For quick, easy deliveries



**LINEN SERVICE
TRUCK**

No. 6571 Large capacity permits everything to be carried in one time-saving trip.



**SPACE-SAVER
LINEN HAMPER**

No. 6612-6
Hamper sets stack for compact storage.



**HEAVY DUTY
LINEN HAMPER**

No. 6601
Bag can be removed from side instead of lifting out over top.



CAN DOLLY
No. 6635



**ENCLOSED
TRAY TRUCK**
No. 6344



DISH TRUCK
No. 10-6406



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No. 1-5267-73



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COLSON CASTERS SAVE YOUR FLOORS

EASY VERTICAL LIFTING

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**smoother—quieter—faster rolling
first choice for lasting efficiency**

Whether wheeling materials, supplies or patients,
the complete COLSON line offers
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*Patient
convenience . . .
your first
consideration*

PATIENT SERVICE COUNTERS

Every feature of these specially designed counters enables you to serve your patients more cordially, promptly and efficiently. Clerks always face the patient . . . never have to move around to complete bookkeeping and cashiering operations. They work effortlessly from a comfortable sitting position with everything located within arm's reach.

Most important, full time point-of-use fire protection for your vital records is now available in desk-height, certified, insulated counter units. For further information on the many other advantages of the Sectional Patient Service Counter for hospitals write for FREE folder CH1068 to Room 2231, 315 Fourth Avenue, New York 10, New York.



Remington Rand
DIVISION OF SPERRY RAND CORPORATION

WHAT'S NEW FOR HOSPITALS

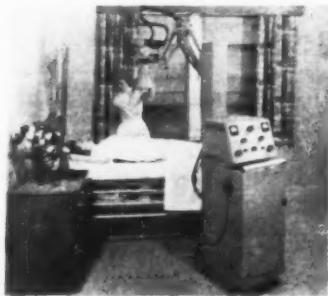
DECEMBER 1957

Edited by BESSIE COVERT

TO HELP YOU get more information quickly on the new products described in this section, we have provided the convenient Readers Service Form opposite page 208. Check the numbers on the card which correspond with the numbers at the close of each descriptive item in which you are interested. The MODERN HOSPITAL will send your requests to the manufacturers. If you wish other product information, just write us and we shall make every effort to supply it.

Mobile X-Ray Unit Has Increased Power

Twice the power of conventional mobile x-ray equipment is claimed for the new Mobile "200" introduced by General Elec-



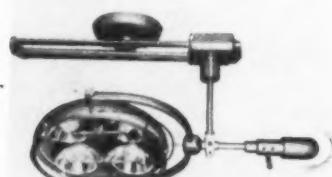
tric. The mobile diagnostic unit makes it possible to provide a versatile type of x-ray service for bedside use. It is mounted to roll easily along hospital corridors, over door sills and into elevators and can be plugged into convenience outlets in any location. Operating at 200 milliamperes, the unit permits shorter exposure times, which prevents blurring of the x-ray image.

A rotating-target x-ray tube is used on the Mobile "200," permitting the use of the same small x-ray source as on large machines. An electronic timer on the new unit provides greater precision. The x-ray tube can be extended over a bedside for a travel of 20 inches and the tube head rotates 360 degrees about the vertical and through 60 degrees on its own axis within the mounting fork. The unit can be used as an auxiliary x-ray source in the x-ray department, for cross-table radiography, upright chest x-rays and other examinations requiring special positions. **General Electric, X-Ray Dept., Milwaukee 1, Wis.**

For more details circle 181 on mailing card.

Major Operating Light in Low-Cost Castle 69

The Castle 69 is a new low cost major operating light of the totally enclosed,



counter-balanced type. It is ceiling mounted and has four light sources, each in a separate multiple-beam reflector. Designed to get to the bottom of the deepest incision without glare or highlights from

surface reflection, the new light provides 112 separate cones of light in the operating field. Interference of head, shoulders and hands produces no appreciable shadow. Illumination is color corrected to approximate daylight and is suitable for color photography without supplemental lighting.

Equipped with a remote control handle, the light can be adjusted from positions outside the sterile zone. **Wilmot Castle Co., 1903 E. Henrietta Rd., Rochester 3, N.Y.**

For more details circle 182 on mailing card.

Attractive Floral Design in Disposable Food Service

Matched food service in an attractive new "Floral" design is introduced by Dixie. The disposable service includes fifteen basic items which can be used in various combinations to suit the requirements of the hospital, school or college. Green and brown are used in the colorful design. The all-paper service brings cleanup time to a minimum, provides light tray service, reduces noise and the new "Floral"



design makes attractive trays. **Dixie Cup Co., 24th & Dixie Ave., Easton, Pa.**

For more details circle 183 on mailing card.

Detarnishing Formula for Tableware

Assure is the name given to a new chemical formulation developed especially for pre-soaking and detarnishing tableware. It removes stubborn food soil while its detarnishing action renews the luster of silverware, reducing the work and cost of burnishing operations. Assure is packaged in two-pound control packages. **Economics Laboratory, Inc., 250 Park Ave., New York 17.**

For more details circle 184 on mailing card.

Shock Therapy Bed for Psychiatric Department

Designed especially for use in mental institutions and the psychiatric departments of general hospitals, the new Hill-Rom #44-6 Shock Therapy Bed is a manually operated Hilow unit. It can be used to transport patients between treatment and recovery rooms, hence main-

ual operating to raise it to treatment height and lower it for care of the patient in the shock therapy recovery room was deemed most practical.

Safety slides are permanently attached



to the new bed which has a flat fabric spring. Sides can be lowered during treatment for easy access to the patient and quickly raised for protection of the patient. The bed has low aluminum head and foot ends and a storage rack is provided for personal belongings of the patient. Wrap-around rubber bumpers protect walls and doors when the bed is moved. Two wheels are equipped with brakes and the six-inch casters make the bed easily moved. **Hill-Rom Co., Inc., Batesville, Ind.**

For more details circle 185 on mailing card.

Two Translucent Ceiling Panels in Acousti-Lux Line

Septaline (illustrated) and Southland are the names given to the two new designs in translucent ceiling panels introduced by Celotex. The light-diffusing panels in the Acousti-Lux line are designed for use in conjunction with a suspended ceiling system and a fluorescent light source. Both designs are available in 24 by 24 and 24 by 48-inch sizes to provide comfortable, glare-free lighting for hospital installations.

The new Acousti-Lux panels consist of two sections of molded vinyl, separated by an air space for sound absorption and uniform translucence across the ceiling



surface. Units are installed in combination with sound-conditioning tile or in an overall translucent ceiling design. **The Celotex Corp., 120 S. La Salle St., Chicago 3.**

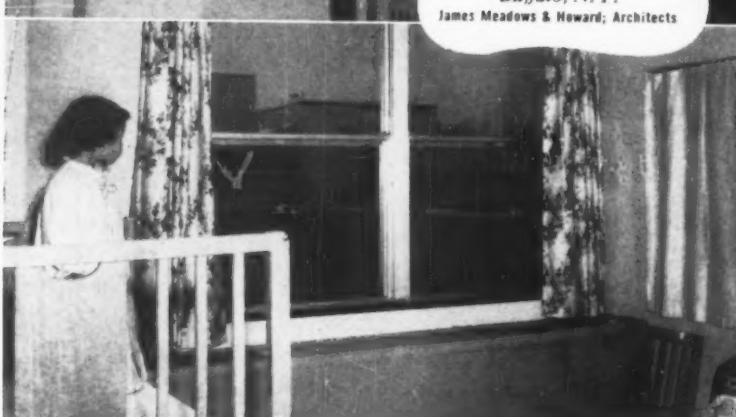
For more details circle 186 on mailing card.

WHAT'S NEW

Fleetlite Windows
the modern hospital treatment



*Children's Hospital
Buffalo, N.Y.
James Meadows & Howard; Architects*



The tight weatherstripped and interlocking construction of Fleetlite windows stops drafts, dust, noise, rain and snow for extra comfort. Double window design provides the insulating air space that saves heating and air conditioning costs and permits indirect ventilation during rainstorms. Fleetlite windows never need painting or puttying. Save maintenance costs.

Other Fleetlite products of comparable high quality include Double Horizontal Sliding Windows, Sliding Glass Doors, Jalousie Windows and Doors.

All sash easily removable from the inside for cleaning.

Fleetlite
AMERICA'S FINEST WINDOW®

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2015 WALDEN AVENUE
Dept. MH-127
BUFFALO 25, NEW YORK
Manufacturing Aluminum Windows Since 1926

Send me complete information on Fleetlite windows.

Please have a representative call.

Name.....

Address.....

City..... Zone..... State.....

Pre-Lubricated Tube for Disposable Enema Unit

A pre-lubricated rectal tube attached to the polyethylene bottle is a new improvement offered on the Fleet Enema Disposable Unit. It is ready for use after removal of the protective rectal tube cover. The anatomically correct tube minimizes the hazard of injury to the patient and the unique diaphragm prevents leakage while controlling the flow. The unit is available in a new green carton giving easily understood directions for administration. C. B. Fleet Co., Inc., Lynchburg, Va.

For more details circle #187 on mailing card.

Hall China Holder for Sugar Packets

An attractive, easily-cleaned china holder is now available for individual sugar packets. Holding approximately fifteen packets, the container saves space, keeps envelopes clean and neat and makes them readily available at one place on lunchroom and



dining room tables. The 2 5/8 by 3 3/8-inch holder is notched at both ends for easy removal of the packets. The #716 Sugar holder is available in 26 colors. The Hall China Co., East Liverpool, Ohio.

For more details circle #188 on mailing card.

PC Glass Block Now Available in Color

Attractive, cheerful color has been added to glass blocks for use in curtain walls and other structural areas. Through a method of applying a fired-on translucent ceramic finish, blocks are now available in blue, green, yellow and coral and have a median light transmission range of about 25 per cent. Diffused natural light is thus supplemented by the effect of glowing color.

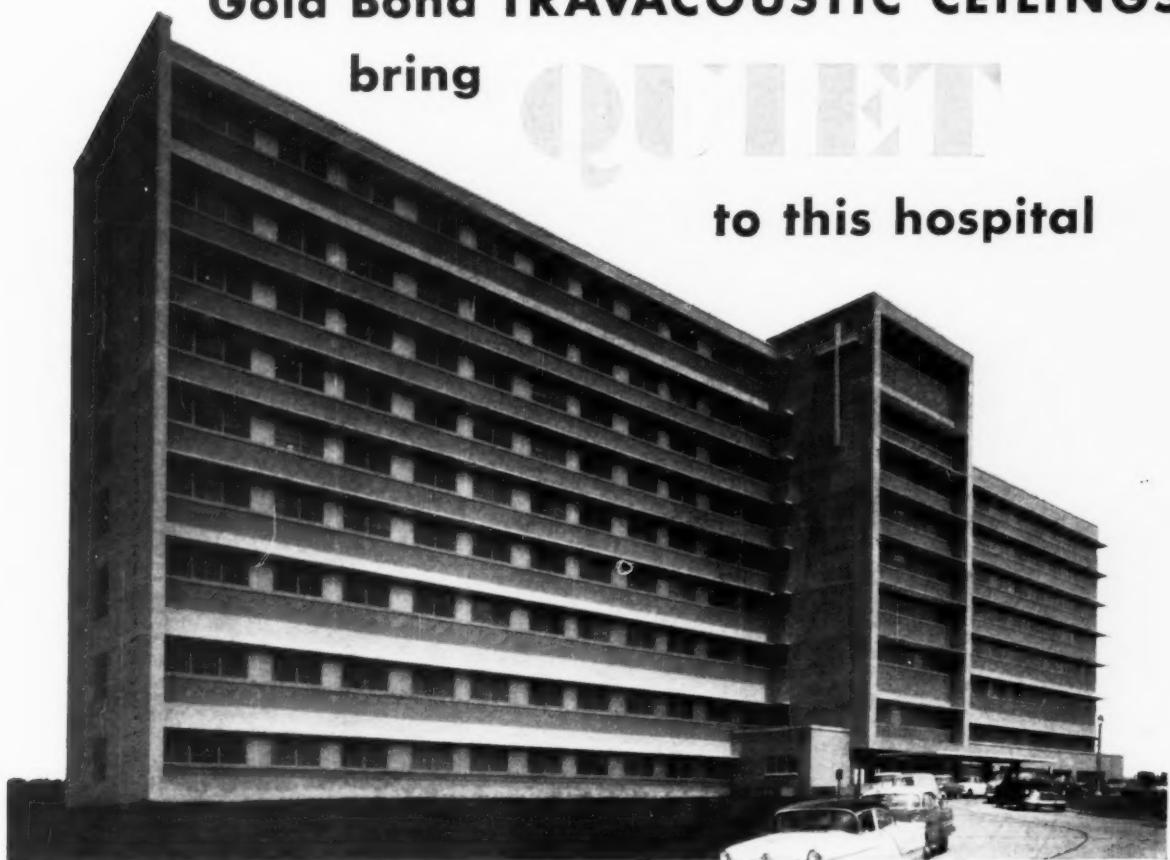
Tests conducted at the manufacturer's research laboratories indicate that the color is non-fading and is unaffected by acids, alkalis and sulfides. The new color glass is especially effective for curtain wall use. It is quickly put up, provides its own insulation, and is finished inside and out when installed. Curtain walls require minimum maintenance and insulation costs are low since the glass blocks constitute the wall. Pittsburgh Corning Corp., One Gateway Center, Pittsburgh 22, Pa.

For more details circle #189 on mailing card.
(Continued on page 190)



Gold Bond TRAVACOUSTIC CEILINGS bring

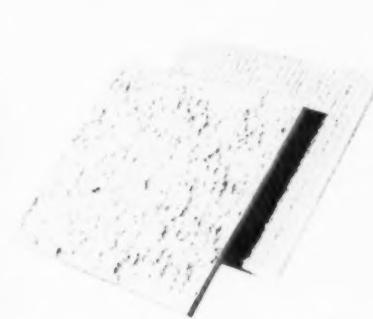
to this hospital



St. Vincent Infirmary, Little Rock, Ark. Ceiling: 80,000 sq. ft. of Gold Bond Travacoustic. Acoustical Contractor: Dale Crampton Co., Fort Smith, Ark.



Nursery—quiet and safe, because Gold Bond® Travacoustic, made of incombustible mineral fibres, absorbs up to 80% of sounds that strike it. And this hospital's hallways are free from echoing voices and resounding footsteps.



Two handsome surfaces—Travacoustic is available with the classic fissures of natural travertine stone, or with modern striations that let you design your own over-all ceiling pattern. Both give high light-reflection—diffused, without glare.



Cafeteria—quiet with easy maintenance, because Travacoustic® tiles are easily vacuum-cleaned. The ceilings may be repainted to change color schemes. Mail this coupon for more information on Gold Bond Acoustical Ceilings.



ACOUSTICAL
CEILINGS

NATIONAL GYPSUM CO.



NATIONAL GYPSUM COMPANY, Dept. MH-127, Buffalo 2, N. Y.

Please send me the DECIBEL booklet that shows how Gold Bond sound-conditioning has solved annoying noise problems in hospitals and medical centers.

Name _____ Address _____

City _____ County _____ Zone _____ State _____

WHAT'S NEW

Electro Surgical Unit
Has Additional Attachments



Three new attachments have been developed for use with the Stryker Electro Surgical Unit. The Contra Angle Attachment, the Sagittal Plane Saw Attachment

and the Pencil-Grip Rotary Handpiece Attachment round out the unit.

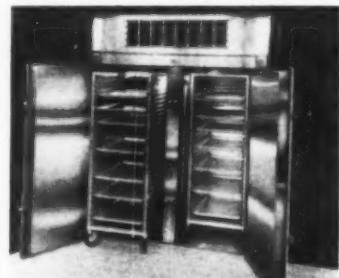
The Contra Angle handpiece is designed to reach difficult locations at right angles to the point of access. The Sagittal Plane Saw utilizes the oscillating method of cutting. Blades for the new saw operate from the end of a narrow arm and can be interchanged without special tools. The saw is designed to reach narrow, deep locations where visibility is difficult. The Pencil-Grip Rotary Handpiece Attachment is a redesigned burring and drilling tool which increases visibility in reaching deep narrow locations. It is described as being ideal for grafting, cleaning out scars, taking off cartilage, cleaning out areas of chronic

bone infection and trephining the skull. **Orthopedic Frame Co., 420 Alcott St., Kalamazoo, Mich.**

For more details circle #190 on mailing card.

Cres-Cor Mobile Racks for Refrigerators

Mobile racks for use in reach-in or walk-in refrigerators and coolers are now available from Crescent Metal Products. Faster handling of salads, desserts and other special items, as well as better storage of dairy products, vegetables, meats and left-overs is possible with the new Cres-Cor Mobile Racks. Racks can be filled and wheeled into the refrigerators, ready to be wheeled out for quick serving. The racks thus provide transportation, storage and serving facilities in the one unit. Cres-Cor racks for refrigerators are available in heights of 30, 36, 42, 48, 58 and 70 inches. They are easily cleaned



without disassembly. **Crescent Metal Products, Inc., 18901 St. Clair Ave., Cleveland 10, Ohio.**

For more details circle #191 on mailing card.

Air Diffusing Grilles Are Easily Installed

The new line of extruded aluminum Linear Type Air Diffusing Grilles introduced by Titus is quickly and easily installed by snap spring clips. They operate efficiently for diffusing air in ceilings, sidewalls or floors and are rugged enough for the steady wear and tear of floor or window sill installations. They are especially suited for continuous line use above or below large window areas. **Titus Mfg. Corp., Waterloo, Iowa.**

For more details circle #192 on mailing card.

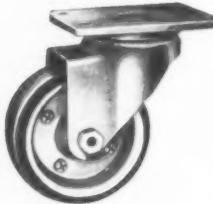
Heating-Cooling Thermostat Has Positive Cycle Changeover

The new Powers Type H-C Thermostat eliminates uncomfortable delays in adjusting air conditioning systems to meet daily and seasonal needs. The positive changeover thermostat is designed for use with pneumatically controlled air conditioning systems in institutions and acts rapidly and positively when changed from heating to cooling. A single ball double seat air valve mechanism provides 100 per cent larger air capacity for fast repositioning of the control valves or dampers without using amplifying relays. **Powers Regulator Co., 3434 Oakton St., Skokie, Ill.**

For more details circle #193 on mailing card.
(Continued on page 192)

approved Conductive CASTERS

with double ball bearing swivels



Series 30
Swivel Caster

Electrically conductive treads satisfy
operating room requirements.

Approved by Underwriters' Laboratories.

Renewable rubber tired wheels.

Top quality swivel lubrication.

Heavy gauge steel forks and races.

Superior quality bearing balls.

Sales Representatives In Leading
Cities Throughout the Country

Jarvis  **Jarvis, Inc.**
PALMER, MASSACHUSETTS

IN CANADA: Jarvis & Jarvis of Canada, 1744 William St., Montreal, Que.

hepatitis-free blood plasma substitute: **PLAZMOID**

brand of gelatin solution

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THE UPJOHN COMPANY
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Plazmoid is purified gelatin in isotonic solution of sodium chloride. It parallels plasma in colloidal osmotic effects, yet is much less expensive, and free of the possibility of transmitting serum jaundice.

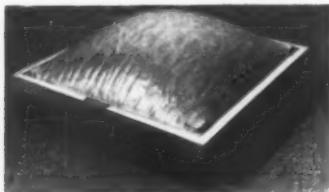
Available
in bottles of 500 cc.



©TRADEMARK REG. U. S. PAT. OFF.

WHAT'S NEW

Solatex Silver for Controlled Overhead Daylight



Solatex Silver is a new material developed to provide controlled daylighting in skylights. Glare and objectionable heat are controlled as are the variations in light at different hours of the day. The material was developed for use in Wascolite Re-

flectadomes which are available in sizes ranging from 20 by 20 to 99 by 119 inches.

The Reflectadome employing Solatex Silver picks up and bends in low angle sunlight and reduces light and heat when the sun is high. Maximum diffused light with minimum heat transmission or heat loss are features of the new Reflectadome. **Wasco Products, Inc., Bay State Rd., Cambridge 38, Mass.**

For more details circle #194 on mailing card.

Mobile Unit Demonstrates Electrical Systems

Developed specifically to provide administrative and engineering executives of

institutions, as well as architects and electrical engineers, with working knowledge of Standard electrical systems, the new Standard mobile display contains equipment for school, hospital and other institutional use. Full sized, operating equipment is set up and operated in the mobile unit. Hospital equipment includes an audible-visible nurse call system; a com-



mon call, private talk intercom system; an audible and a flashing light silent paging system; staff in-and-out registers, and a centralized music system.

The high quality of materials and performance built into Standard equipment will be available for inspection and discussion as the mobile unit tours the United States and Canada. The educational unit includes, in addition to hospital equipment, "Memory Tape" controlled synchronous motor and minute impulse type clock and program systems; a voltage distribution system for Flexlab laboratory switchboard, power supplies and service outlets. **Standard Electric Time Co., Springfield 2, Mass.**

For more details circle #195 on mailing card.

Key Control with Ke-Drawer

The Ke-Drawer is a new unit for indexing and identification of keys which are filed neatly and compactly. Keys are securely attached to sturdy plastic tags for rapid, easy filing and the responsi-



ble individual knows at all times what keys are checked out and where they are.

The Ke-Drawer will fit neatly into a standard office desk drawer and is especially designed so that its cover must be closed before the desk drawer can be shut, thus giving extra protection to keys. The Ke-Drawer is constructed of welded steel with a durable finish in a variety of colors. It has a capacity of 80 keys. **Cushman & Denison Mfg. Co., 153 W. 23rd St., New York 11.**

For more details circle #196 on mailing card.

(Continued on page 194)



Everyone Enjoys More Coffee Flavor



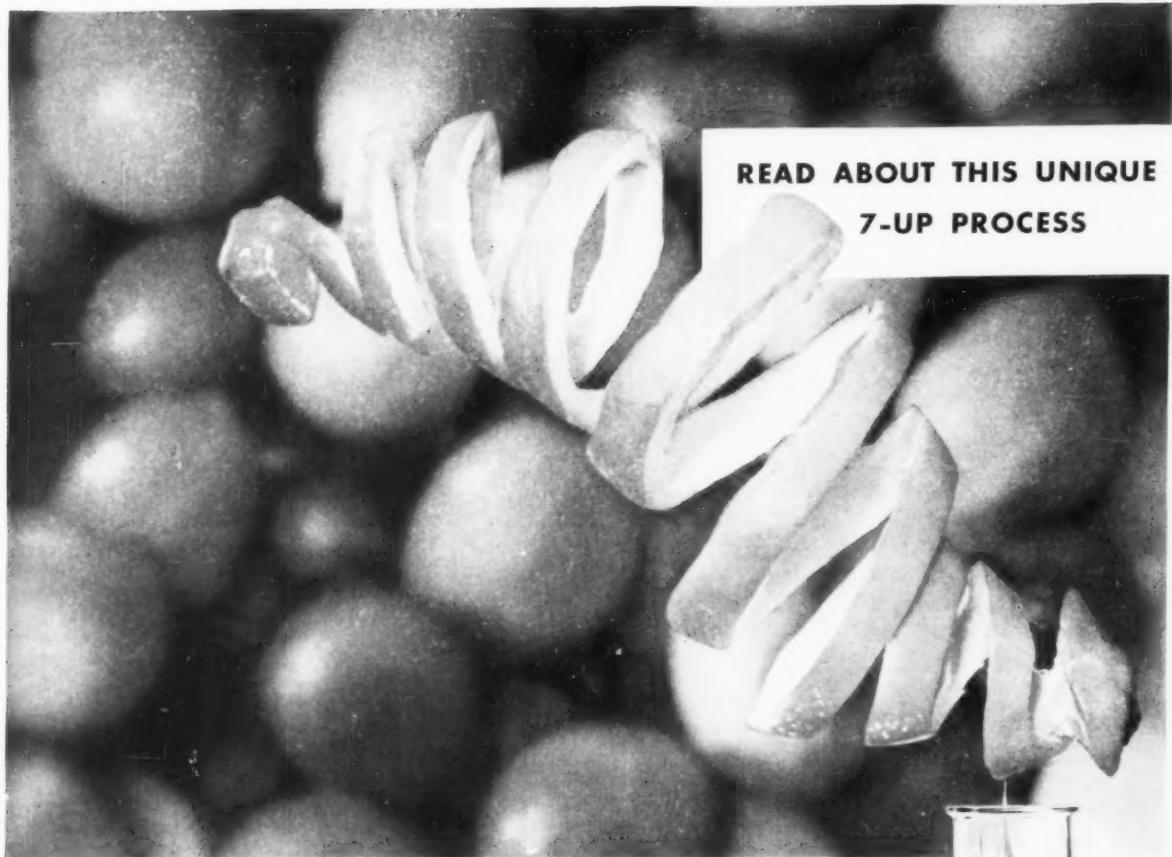
In every walk of life everyone enjoys rich, full-bodied, invigorating **CONTINENTAL COFFEE**. Superb blending of the world's choicest coffees and precise roasting with automatic controls assure unfailing uniformity. Write today for a **FREE** trial package.

Continental Coffee

AMERICA'S LEADING COFFEE for Restaurants, Hotels and Institutions.

CHICAGO • BROOKLYN • TOLEDO

In the Pacific Northwest it's
ROYAL CORONA
COFFEE
Seattle, Washington



READ ABOUT THIS UNIQUE
7-UP PROCESS

Only the quintessence . . . is good enough for 7-UP

We had to go some to outwit Nature and perfect 7-Up.

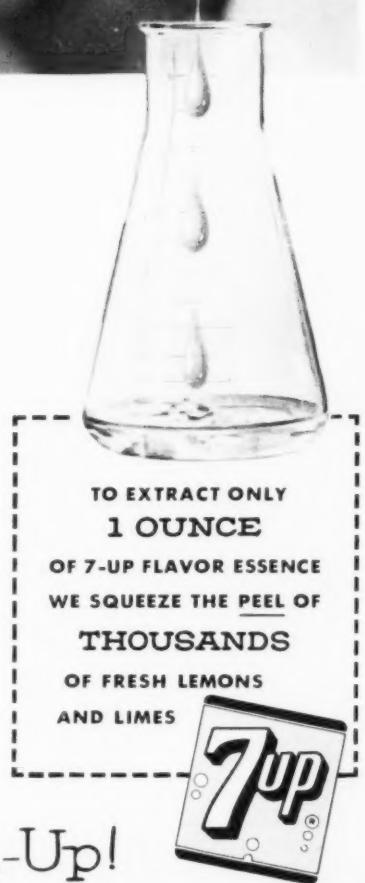
Nature hid 7-Up's secret well—inside the *peel* of fresh lemons and limes. There, in minute quantities, a fragrant oil resides which penetrates the "meat" of citrus fruits to create their clean, tangy flavor.

Extracting this natural fruit essence takes special equipment, time, care

and money. From this, 7-Up refines and selects only a tiny fraction—the very best—for use in the extract from which 7-Up itself is made.

To produce 1 ounce of concentrated 7-Up flavor literally takes thousands of fresh lemons and limes. That's why 7-Up is Nature's own gift . . . a pure, wholesome, natural flavor.

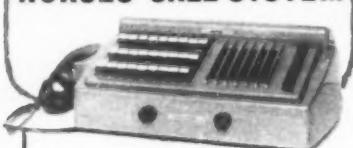
For a fresh, clean taste . . . 7-Up.



Nothing does it like Seven-Up!

WHAT'S NEW

**STEP UP
HOSPITAL EFFICIENCY
AS MUCH AS
50%
WITH A
DUKANE
NURSES' CALL SYSTEM**



**DOES YOUR HOSPITAL
GET THESE BENEFITS?**

NURSES' MASTER STATION

Instant 2 way visual and audible contact with all stations including priority emergency signal circuit.

BEDSIDE STATIONS

Single or dual stations provide nurses' call service with or without 2 way communication between patient and nurse.

SOLARIUM & DUTY STATIONS WITH INTERCOM

2 way communication between nurse and ambulatory patient and ability to reach nurse in any location where she normally may be found.

LAVATORY STATION

Announces a patient who may be in trouble in lavatory or bathroom areas.

CORRIDOR LIGHTS

Easily visible, unbreakable corridor lights for rooms with Bedside Stations.

**PLUS this EXCLUSIVE
DUKANE benefit!**

Only DuKane gives the hospital a **MULTIPLE Channel Nurses' Call System to multiply Bedside Communications Channels**. It permits the use of 2 or more Nurses' Master Stations in which separate calls may be answered from any Master Station simultaneously. Countless steps are saved as a nurse need not return to the central desk to answer calls. **Speeds service, increases efficiency . . . saves costs!**

Write for the beneficial facts today!

Please send me all the facts on DuKane Nurses' Call Equipment.

DuKane Corporation, Dept. MH-127
St. Charles, Illinois

NAME _____

ADDRESS _____

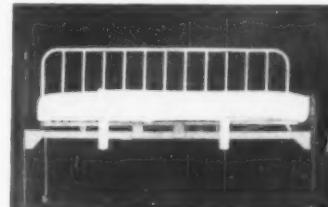
CITY _____

STATE _____

hospital _____

**Aluminum Safety Sides
in Beam-Matic Line**

Aluminum Safety Sides weighing only nine pounds per side are now offered in the Beam-Matic line of hospital equipment. The special construction design results in the light weight with high strength of the new sides. They are attached securely to the lower bed rail by a simple knob with a cam lock to protect against release by the patient. The sides



slide in nylon bearings for durability. Fastening is done internally so that the anodized surfaces are completely smooth. Hail sides are also available in the same construction. Beam Metal Specialties, 25-11 49th St., Long Island City 3, N.Y.

For more details circle #197 on mailing card.

**Photocopying and Duplicating
Combined in One Unit**

The new A. B. Dick Photocopy Duplicator not only makes instant copies of single sheets of paper as well as book or magazine pages but also can be combined with offset duplicating to produce hundreds of copies in minimum time. This is possible as the unit accommodates a new aluminum transfer offset plate on which original material can be copied in less than two minutes to start the duplicating operation.

The new Model 112 produces sharp black on white copy of any original material, including color pictures, pen and pencil writing and material printed on both sides. A. B. Dick Company, 5700 W. Touhy Ave., Chicago 31.

For more details circle #198 on mailing card.

**Lighting System
Is Complete Package**

The new Curtis Strato-Lux ceiling-size lighting fixture is a complete packaged system including a ceiling-installed fluorescent grid system, and a suspended T-hanger aluminum framework which holds the vinyl plastic louver-diffuser panels. The system provides glare-free shadowless lighting where a ceiling-wide expanse of low brightness lighting is desired.

The two-foot square CurtiCell louver-diffusers prevent direct glare and soften the light to minimize reflected glare. The Curtis grid system consists of a quickly-hung section of channels to hold the fluorescent tubes on 12- or 24-inch centers. The suspended aluminum framework hangs 21 inches below the channels and is an integral part of the system. Curtis Lighting, Inc., 6135 W. 65th St., Chicago 38.

For more details circle #199 on mailing card.

(Continued on page 196)

**HOW TO SELECT
THE APPROPRIATE
BRONZE PLAQUE**



Consult International
Bronze for dignified,
permanent bronze plaques.
Remember, there's no finer
aid to fund raising . . .

FREE Illustrated brochure
shows hundreds of original
ideas for reasonably priced,
solid bronze plaques, name-
plates, memorials, etc.

Write
today
to
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INTERNATIONAL BRONZE TABLET CO., INC.
150 West 22nd St., New York 11, N.Y.

UNIPRESS

Roto-Matic



for:
HOSPITAL
COATS
PANTS
BIBS
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TOPS
in
SPEED
and
QUALITY
FINISHING

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WRITE FOR COMPLETE
INFORMATION TODAY

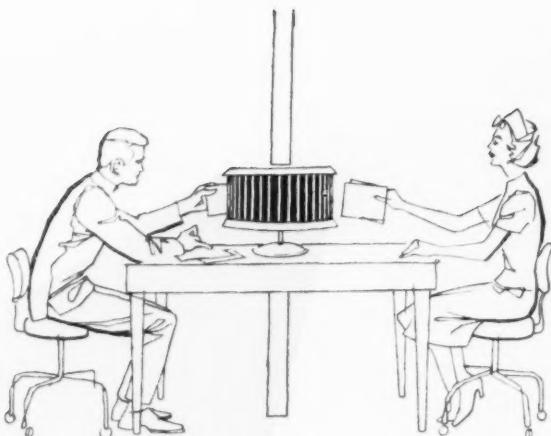
The UNIPRESS Company

2808 H Lyndale Ave. So., Mpls., Minn.



PROVIDE SEPARATE
CHARTING AREAS
FOR
DOCTORS AND
NURSES WITH

NEW



ALOE REVOLVING CHART FILE



14 FULLY-
STOCKED
DIVISIONS
COAST-TO-
COAST

a. s. aloe company

World's Foremost Hospital Supplier

Now you can divide your nurses' station into separate charting areas for nurses and doctors and eliminate the confusion that exists where only one area is provided. Such separation of facilities is at last made practical by the Aloe Revolving Chart File.

Only 32" in diameter, the Revolving Chart File is an efficient space saver, and can be used by several people at once, either in separate or combined charting areas. It is available in table or floor stand models, and in sizes to accommodate 20, 30 or 40 charts. It can be "double-decked" to hold up to 80 charts. Contains convenient rack for extra charts, pencils and supplies.

The Aloe Revolving Chart File is one example of the many functional ideas Aloe can offer to modernize your nurses' station. Aloe institutional-quality Moduline cabinets and counters are also specially-engineered to provide maximum efficiency in your present area. Send the coupon today for complete details on Aloe equipment that will save space, money and nurses' time.

A. S. ALOE COMPANY
Dept. 105
1831 Olive Street
St. Louis 3, Missouri

I would like to receive prices and further information on
 Revolving Chart Files; other Nurses' Station Equipment;
 Moduline hospital equipment.

Name _____ Title _____

Hospital _____

Address _____

City _____ Zone _____ State _____

WHAT'S NEW

Thermo Servers of Stainless Steel

Stainless steel is used to form the two new Vollrath Thermo servers, the Thermo-



Bowl and the Thermo-Pitcher. Both servers are made entirely of seamless stainless steel, fully insulated and tightly covered to keep foods and beverages hot or cold for hours. They are easy to clean, because of the seamless construction, and there is nothing to break or replace. No special polishing is required to keep the units bright and new looking. The Thermo-Bowl is an individual serving unit and the Thermo-Pitcher has one-quart capacity. **The Vollrath Co., Sheboygan, Wis.**

For more details circle 200 on mailing card.

Pillsbury Food Mixes Now in Institutional Size

Convenience in institutional handling is responsible for development of the 50-pound institutional pack offered by Pillsbury. Replacing 25 and 100-pound sized packages, nineteen items are now available

in the new institutional pack, including cake, muffin, bread, waffle, and pancake mixes. **Pillsbury Mills, Inc., Minneapolis 2.**

For more details circle 201 on mailing card.

Small, Compact Vacuum Has High Power at Low Cost

The readily mobile, small, compact Lightning vacuum cleaner is designed to give commercial cleaning capacities at low cost. It is light in weight, yet provides the necessary cleaning power. The Lightning has a self-cleaning orlon filter and disposable paper filter bags. The aluminum housing has baked-on hammer-lod finish and a non-marking rubber bumper protects walls and furniture. The machine is designed for either wet or dry pick-up and rolls smoothly on three-inch



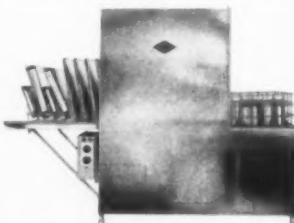
ball bearing casters. It is equipped with all accessories and is 24½ inches high and 18 inches wide. **The Kent Co., Inc., Rome, N.Y.**

For more details circle 202 on mailing card.

(Continued on page 198)

Pot and Pan Washer in Pass-Through Model

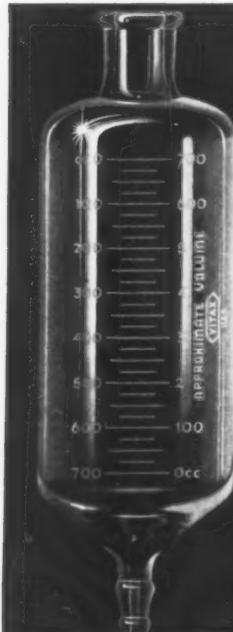
The Model SD "Panhandler" is a new type two-door "pass through" pot and



utensil washer. Better utilization of space is claimed for the two-door model in certain locations and it is said to reduce manual handling of wash loads and to eliminate overcrowding in the wash area. The two vertical sliding doors are counterweighted for easy operation and coupled for simultaneous opening. Size of the openings permits the washing of large cooking and baking utensils in the machine.

Nylon rollers facilitate movement and positioning of the load in the Model SD. The automatic wash-rinse cycle is controlled by an adjustable timer and the high efficiency nozzles are especially designed for maximum cleaning at elevated temperatures. The solution is circulated through a basket-type filter screen which is easily removed for cleaning. **The Alvey-Ferguson Co., 75 Disney St., Cincinnati 9, Ohio.**

For more details circle 203 on mailing card.



For quality without
compromise . . .

VITAX®
for safety
you can trust!

Like every piece of VITAX hospital glassware, Glasco Kelly Infusion Jars are made of extra-strength resistant glass. VITAX withstands rough handling; will not discolor or cloud after repeated sterilization . . . withstands corrosive action.

For the best in surgical
glassware, specify VITAX.

Kelly Infusion Jar—
graduated with a durable
enamel imprint.
Double tubulated tip
fits either $\frac{1}{4}$ " or $\frac{3}{8}$ "
tubing. Available in 700
and 1000 cc sizes.

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PRODUCTS COMPANY
111 North Canal St., Chicago 6, Illinois



**When headlines scream
“NEGLECT!”
will fingers point
at you?**



Will you be to blame should power failure from any cause result in loss of life, serious accidents and costly property damage?

Protect yourself—and the lives and property of others by insisting upon the installation of a dependable **Fairbanks-Morse standby power generator!**

Fairbanks-Morse power generators are available in standby capacities ranging from 2 kw. to 100 kw.—AC or DC. They are available with line transfer, fully automatic, remote and manual controls. Diesel power generator sets up to 1700 kw. For complete details, consult your architect's files or write Fairbanks, Morse & Co., Dealer Div., Dept. MH-12, Chicago 5, Ill.



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GENERATING SETS • MAGNETOS • PUMPS • MOTORS • SCALES
WATER SYSTEMS • DIESEL LOCOMOTIVES AND ENGINES



Two communities dig deep for funds to build hospital additions—Campaigns directed by Ketchum, Inc. exceed goals

St. Joseph's Hospital, Elmira, New York
Administrator: Sister Margaret Adelaide
GOAL: \$1,000,000
PLEDGED: \$1,000,482

St. Joseph's Hospital, Lorain, Ohio
Administrator: Sister M. Theophane
GOAL: \$1,610,000
PLEDGED: \$1,639,000

Initial construction for new hospital facilities usually cannot begin until the community first digs deep into its pocket. Professional direction of that community effort can mean the difference between success and failure. Here are two recent examples of campaigns directed by Ketchum, Inc.

ST. JOSEPH'S HOSPITAL in Elmira, New York, needed \$1,000,000 to complete its expansion program. The people of Elmira saw this need and raised \$1,000,482.

At the campaign's completion, Judge Daniel J. Donahoe, General Chairman, commended Ketchum, Inc.'s "fine professional work . . . We were all quite impressed by the research done prior to the campaign and the evaluation of the size of the campaign to be undertaken."

ANOTHER ST. JOSEPH'S HOSPITAL, this one in Lorain, Ohio, faced a similar problem of maintaining high standards of health protection. \$1,610,000 was needed for building a two-story wing and for necessary remodeling on the present structure. This community also met its responsibility and pledged \$1,639,000.

Commenting on the victory, Edward J. Gould, President of the Advisory Board, stated: "Our selection of Ketchum, Inc. was the right one, and everyone seems to think so."

If funds are needed, Ketchum, Inc. stands ready to serve your hospital as it has served these two communities and hundreds of others throughout the country. More than campaign direction alone, the Ketchum service includes pre-campaign counseling and planning, public relations programming, campaign management and post-campaign consultation throughout the pledge period.

KETCHUM, INC. Campaign Direction • Public Relations

CHAMBER OF COMMERCE BUILDING
PITTSBURGH 19, PA.

500 FIFTH AVENUE, NEW YORK 36, NEW YORK
JOHNSTON BUILDING, CHARLOTTE 2, NORTH CAROLINA



WHAT'S NEW



Hospital cuts towel costs 18% with Mosinee Turn-Towls

A SOUTHERN hospital* with over 400 regular employees replaced the cloth towel service in their washrooms with Mosinee Turn-Towls. The net result: Turn-Towl's higher absorbency plus Turn-Towl cabinets' controlled dispensing reduced the cost of their towel service 18%.

What's more, doctors, nurses and other hospital employees report that Turn-Towl service is more sanitary and more flexible than cloth towels.

Mosinee Turn-Towls can give you these savings, too, and at the same time, improve your service. Write us for the name of your Mosinee Towel Distributor.

*Name on request



THINK FLOOR MOPPING'S HARD WORK ?

Geerpres buckets roll at a touch on quiet, rubber-wheeled ballbearing casters. Electroplated wringer and rugged galvanized or stainless steel buckets end rust—last for years

Take it easy. Get a Geerpres mopping outfit today. Single and twin-tank models plus accessories. See your jobber or write for catalog.

Geerpres
WRINGER, INC.
P.O. BOX 658, MUSKEGON, MICH.

"FLOOR-KNIGHT"
Mopping Outfit
for mops to 16 oz.

Plan-n-Print Kits Vizualize Planning

Planning of floors, rooms, laboratories, kitchens and other areas of the hospital can be done simply and quickly with the new Plan-n-Print Kits. The compact, portable, all-purpose package includes magnetic templets stored at the top of the carrying case on a metal board; printing paper; steel-faced board; plastic grid sheet, and the carrying case, in the top of which are the specialized lamps for exposing the



printing paper. The unit is available for use with any electric current specifications.

Printing paper is placed on the steel-faced board and the plastic grid sheet, available with any desired line spacing, is laid on the sensitized paper. Areas to be planned are outlined to exact scale on the flat, dimensionally stable surface of the plastic grid sheet. Magnetic templets in the proper scale are moved in the area in the most desirable arrangements, holding the grid sheet and sensitized paper in position. When the desired arrangement is completed, the plan is exposed to the proper current and, without a dark room, prints are made. The system facilitates planning and discussion and is easy to use. It can also be used for planning outdoor facilities. Templan Incorporated, White Pigeon, Mich.

For more details circle #204 on mailing card.

Electroencephalograph Is Small-Sized Unit

Transistors are used in the new Offner Type T Electroencephalograph, resulting in a small, lightweight unit. Simplified



operation enables recordings to be made with speed and accuracy and the portable instrument can be carried to the patient. The new instrument is designed to be insensitive to external disturbances and to provide accurate brain wave recordings. It has been widely tested under varying climatic conditions and has been clinically tested for over a year. In addition to its hospital use, the new portable instrument can be used in ambulances by plugging it into the dashboard outlet. Offner Electronics Inc., 5320 N. Kedzie, Chicago 22.

For more details circle #205 on mailing card.
(Continued on page 200)

Exciting **NEW** Design!



Here is the perfect compliment to smartly modern interiors—a beautiful new "CHF" table to match the trend to trim, neat styling. Available in the warm, distinctive glow of Bronze or in 20 decorator colors of cast iron lifetime porcelain enamel.

ANYWHERE YOU LOOK "CHF" STOOLS AND TABLES ARE THE ULTIMATE IN QUALITY

CAST ONE-PIECE CONSTRUCTION

Classic unbroken line from floor to seat. Strongest, longest lasting construction available.



UNRIVALLED COLOR CHOICE

Only at "CHF" will you find 20 colors of porcelain enamel, plus 4 metal finishes.

AWARD WINNING DESIGNS

Every year "CHF" equipment is featured in the majority of NFS Contest Award Winners.



Write TODAY for complete catalog

See award winning installations, plus many ideas for finer interiors plus the complete "CHF" line

DISTRIBUTORS IN ALL PRINCIPAL CITIES

The CHICAGO HARDWARE FOUNDRY CO.
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design DNY-134. loose cushions, upholstered arms. w. 25", d. 30", h. 27"

UNEXCELLED

*for simplicity,
comfort
and strength*

127 years
makers of
chairs and
tables for
public use.



design DNY-133.
loose cushions.
w. 21", d. 30", h. 27"

Write us about your seating
needs. We will send
appropriate illustrated material.

THONET INDUSTRIES, INC., Dept. K
ONE PARK AVENUE, NEW YORK 16, N.Y.

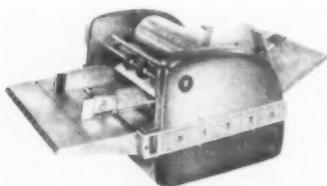


SHOWROOMS: NEW YORK, CHICAGO, DALLAS, LOS ANGELES,
MIAMI, STATESVILLE, N.C.

WHAT'S NEW

"Detroit Look" Duplicators Have Increased Versatility

New styling, including longer, lower and wider design, new color combinations and



ease of operation are features of the new D-70 line of Ditto Direct Process liquid

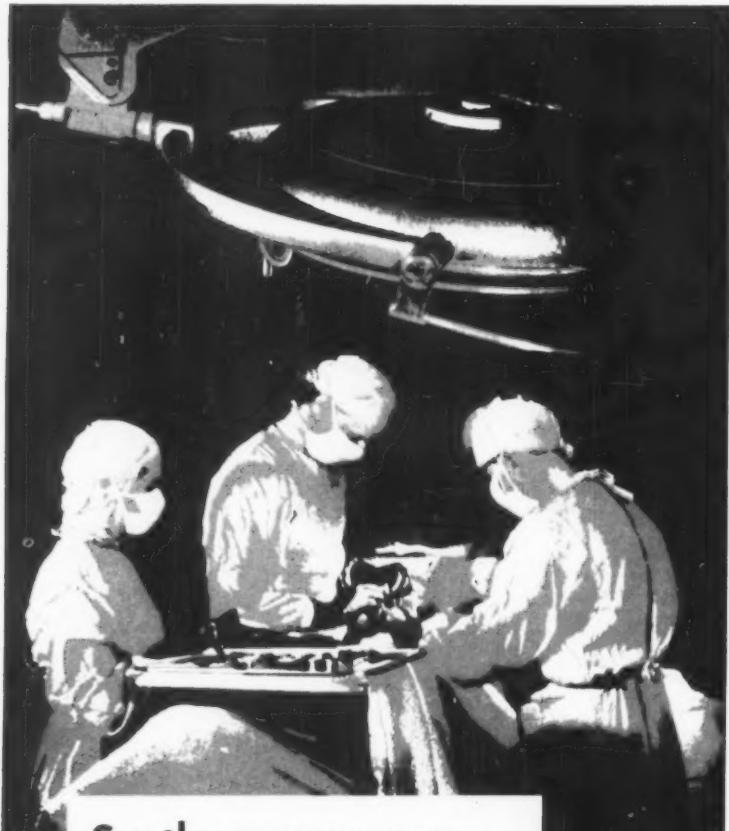
or spirit duplicating machines. Versatility in both general duplicating and business systems use makes the machines adaptable to business office as well as classroom use. Features of the line include a new 18-inch drum width, push-button intermittent paper feed and fully adjustable feeding and receiving trays that eliminate the need for auxiliary guides or feeding attachments. A timing belt system on the D-70 models assures positive non-slip, synchronized transmission of power. The machines have a top speed of two copies a second and can handle a full ream of 500 sheets at one time. **Ditto, Incorporated, 6800 McCormick Rd., Chicago 45.**

For more details circle 206 on mailing card.

Locking Call Button Molded of Nylon

Nylon is used to mold the new locking button for bedside call units. Suitable for use with any make of cord set, the new button is virtually unbreakable. It has extremely high resistance to crushing and physical shock and the rugged assembly is made without the use of exposed screws. The resetting means is obvious to the patient, eliminating accidental reset. It is supplied in single or double cord sets and the unusual design permits free turning of the shell and cord. **Edwards Company, Inc., Norwalk, Conn.**

For more details circle 207 on mailing card.



So they may see...

Famous Castle illumination is now combined with the most maneuverable major surgical lamps ever built.

Without use of tracks or counterweights, Castle "60 Series" Lights provide new feathertouch mobility... permit instant control of light by the surgical team.

Fine adjustments are made in seconds... light beamed instantly where it is needed by those who actually see the result in the incision.

The result is proper and quicker light placement... faster, clearer, fatigue-free vision... better surgery.

Write for folder on Castle "60 Series" Lights and Color Camera Attachment.

Castle

WILMOT CASTLE COMPANY
1700K East Henrietta Road • Rochester, N.Y.
LIGHTS AND STERILIZERS



Optional Equipment Available for Kollector

Optional equipment has been designed for use with the Kol Kollector to provide all necessary cleaning equipment and supplies in one unit. A broom holder and



wire basket slip over the side of the Kollector so that all materials stay securely as the unit is rolled from place to place. Collecting bags are removable for storage, disposal or transportation and the unit folds for easy storage, with the bag attached or unattached. **Kol, Inc., 2323 Ellis Ave., St. Paul 4, Minn.**

For more details circle 208 on mailing card.

Vinyl Wall Tile Designed for Institutions

The new Armstrong Vinyl Wall Tile was developed to provide institutions with a material which is not only attractive and low in cost but also resistant to fire, soiling, staining, fading, scuffing and moisture. It is easy to maintain as it is unharmed by soaps and detergents, grease, oils and alkalies. Colors will not discolor with age.

Vinyl Wall Tile is composed of vinyl plastic and asbestos fibers and has high dimensional stability but is flexible enough to cover inside and outside corners. It is applied with adhesive to almost any firm smooth base. The 9 by 9-inch size tiles are available in nine decorator colors. **Armstrong Cork Company, Lancaster, Pa.**

For more details circle 209 on mailing card.

(Continued on page 202)

in this contemporary interior...



Neutrality of walls, doors, floors and ceiling is preserved by unobtrusive uniform hanging for all doors in the extensive executive suite of the Natural Gas Pipeline Company of America. — Naess & Murphy, architects and engineers, Chicago

which doors have **RIXSON** closers?

Entrance door, left, has Rixson no. 20 concealed floor type closer. Communicating office door, right, is equipped with a Rixson Uni-check concealed floor type closer. Inactive wardrobe doors, center, have no closers; but are hung on Rixson no. 117 offset pivot sets. All doors have identical hanging style, achieving a pleasing simplicity.

No exposed mechanisms or unsightly arms mar the appearance of these beautiful modern doorways, even when doors are open. Extra-length spindles are provided to clear thick rug installations.

Matched hanging styles can also be achieved with Rixson center hung installations.

write for condensed catalog 18e

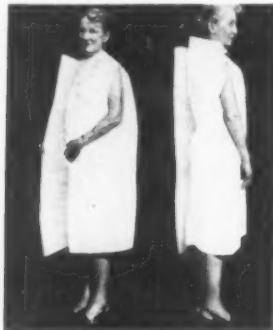
THE OSCAR C. RIXSON COMPANY

9100 west belmont avenue • franklin park, illinois
canadian plant: 43 racine road • rexdale, ontario

WHAT'S NEW

Full Length Examination Gown Is Disposable

Laundry is saved and cross infection prevented with use of the new full length



Busse disposable examination gown. Made to be worn for opening in the front or back, the gown is formed of heavy drapable white creped paper stock for use by women patients. **Busse Hospital Products, 64 E. 8th St., New York 3.**

For more details circle 210 on mailing card.

Golden Dial Soap Inhibits Odors

A new ingredient called Super AT-7 is used in the new Golden Dial Soap. Described as twice as powerful as the protective ingredients usually used to inhibit odor-causing bacteria, Super AT-7 is the result of years of research for a

product with maximum deodorant action. The new soap is changed to a golden color and is available in six guest sizes for hospital use. **Armour & Co., Industrial Soap Dept., 1355 W. 31st St., Chicago 9.**

For more details circle 211 on mailing card.

Dispenser for Hot Water Now Available

Hot drink service is facilitated with the new Cooler-Hot hot water dispenser. It is operated in conjunction with pressure water coolers already installed and eliminates the expense of combination



hot and cold units. Cooler-Hot is a separate unit which is simply connected to any standard pressure cooler. **Sunroc Corporation, Glen Riddle, Pa.**

For more details circle 212 on mailing card.

(Continued on page 204)

Instant ECG Visualization With Operating Room Viso-Scope

The operating room model 169-A-OR Viso-Scope is specially designed for instantaneous ECG visualization during sur-



gery. It is listed by the Underwriters' Laboratories as safe for use in "Class I, Group C, Hazardous Locations," according to the manufacturer, making it safe for use in the hospital operating room or other areas where anesthetics are administered. The cardiogram or other cardiovascular event is seen on the screen as it occurs, in the form of a bright yellow image.

The mobile assembly is completely self-contained. The viewing unit may be rotated or tilted to the desired position for quick observation. An ECG amplifier permits direct connection of leads. **Sanborn Co., 175 Wyman St., Waltham 54, Mass.**

For more details circle 213 on mailing card.

THIS MONTH'S

Super Value

*The Most
Comfortable
COMPACT
Chair You
Can Buy!*

#1093 EASY CHAIR

Perfect for semi-private rooms, as well as other uses in hospital and dormitory. Compact—requires only 24" x 26" floor space. Comfortable—no-sag construction; upholstered back and seat. Wall-saver design—has flared back legs which keep chair's back away from wall. Finished and upholstered to specifications.

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3501 BUTLER ST., PITTSBURGH 1, PA.

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E-19

The Steriphane SYSTEM

A new modern technique for sterilizing Needles and Syringes, which features the

STERIPHANE STAINLESS STEEL NEEDLE DISPENSER
that delivers individual paper wrapped sterile needles as needed at the nursing station.

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No matter which FINISH you like—you can buy it in

MicroRold® QUALITY STAINLESS STEEL



2D—A silvery white, but non-lustrous, surface produced by annealing and pickling cold reduced material. Steel sheets & strip in this condition are most ductile and the surface holds lubricant well for severe drawing operations.



2B—Steel in the 2D condition which is subsequently rolled on a "skin pass" or temper mill. The surface acquires a bright finish from the polished rolls. This surface is somewhat more dense and hard than 2D and is a better starting surface for later finishing and buffing operations.



No. 3—This surface is made by grinding with a No. 100 abrasive. This surface is smooth but not as reflective as 2B.



No. 4—A finer finish than No. 3 made by grinding with a No. 150 abrasive. Like No. 3, this surface is easily blended with hand grinders after forming, drawing or welding.



No. 7—Good reflectivity and brilliance made by polishing with a No. 400 abrasive. This semi-mirror finish must be protected during fabrication by adhesive paper or strippable plastics lest the finish be marred beyond repair.



BRIGHT—A highly reflective surface made by cold reducing with highly polished, glass-hard rolls. This finish is only available in Type 430 stainless.

These are our standard surface finishes that are available in types 201, 202, 301, 302, 304 and 430 except Bright which is type 430 exclusively.

These finishes are regularly supplied in sheet and coil form in widths up to 48 inches.

Since Nos. 3, 4, 7 and 430 Bright are smooth reflective surfaces, they are not recommended for severe drawing without special precautions as the mill finish may be marred. Applications such as dairy machinery, kitchen and restaurant equipment and architectural decorative work require only local forming, so these highly polished surfaces are not greatly disturbed. All mill polished sheets are carefully packed to avoid handling imperfections. Protective adhesive paper can be specified by the buyer when needed.

For specific information on recommended surface characteristics for a particular stainless steel sheet and strip application, address your request to our Product Development Dept.



Washington Steel Corporation

Producers of Stainless Sheet and Strip Exclusively

12-FF WOODLAND AVENUE, WASHINGTON, PA.

WHAT'S NEW



Appliance Control for Handicapped Patients

The Switch-O-Matic is a new electronic

device providing easy control of television, lights, telephone and other appliances by handicapped or disabled patients. The device requires no special wiring but can be plugged into any convenient wall outlet with up to five appliances plugged into outlets on the front panel. The sensitive push button is pressed a different number of times to control any of the appliances or the built-in alarm. The push button can be placed under the head, finger or toe and is so sensitive that it operates by light pressure. A speaker-type telephone can also be controlled by the Switch-O-Matic which is contained in a mahogany cabinet and designed for trouble-free operation. Nursing care is re-

duced with the device and handicapped patients are given confidence through ability to help themselves. **Down East Electronics Mfg. Co., Scarborough, Maine.**

For more details circle #214 on mailing card.

Tubular Steel Folding Chairs Converted to Wheel Chairs

The Wheel-A-Chair is a simple device which instantly converts a tubular steel folding chair into a wheeled chair. The low-



priced wheeled frame is adjustable in size and designed to fit many of the tubular wheel chairs now on the market. Variations of the folding foot rests are available on the several models of the Wheel-A-Chair which can be used for quick transport of patients when a standard wheel chair is not available, and to permit patients to move about a room or floor when walking is not recommended. The folding chair is opened and placed on the Wheel-A-Chair with the tubular legs fitted into the corner brackets. **Southern Stamped Products Co., Inc., 309 Golf St., Jackson, Mich.**

For more details circle #215 on mailing card.

Glass and Fiber Container for Suction Cleaner

Superite, a new glass and fiber material, is used for the attractively designed container of the Super Model BP-2 Commercial Suction Cleaner which is said to embody a new concept in mechanical floor maintenance equipment. The use



of Superite not only reduces weight and permits the flowing contour lines of the container, but protects against damage because of the strength of the material and the fact that the color and finish are an integral part of the Superite. The new material also protects the container from damage resulting from corrosive liquids. **The National Super Service Co., 1945 N. 12th St., Toledo 2, Ohio.**

For more details circle #216 on mailing card.
(Continued on page 205)

IT'S AS EASY AS

1 2 3

DEKNATEL

name-on beads

**ONLY
THREE
PARTS**

1 Spacing Beads

2 Letter Beads*

3 Seal Bead

*Number Beads available for
Case No., Room No., etc.

NO COMPLICATED TOOLS

NO INVOLVED TECHNIQUES

**SIMPLEST
SAFEST**

the Deknatel way to identify

J. A. Deknatel & Son, Inc.
Queens Village 29, N. Y.

Send me, without obligation, a sample necklace and details of your free 30 day trial offer.

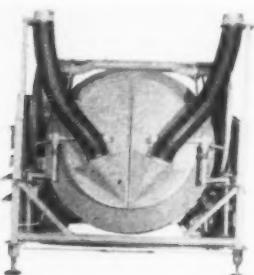
Name

Hospital

Address

WHAT'S NEW

Conditioning Laundry Tumbler Has Double Coil



The new Purkett 25-Ring PCT is a pre-drying conditioning laundry tumbler with a double coil consisting of one 13-ring coil and one 12-ring coil connected to a common boss header. Both coils can be fed steam through one steam inlet and condensate is removed from both coils through one outlet. Moisture removal in test runs of experimental models showed four to six pounds per minute, depending on the type and weight of goods tumbled. The redesigned frame and basket make the new unit fit into the same floor space as the manufacturer's 9-ring and 12-ring units. **Purkett Mfg. Co., Joplin, Mo.**

For more details circle 217 on mailing card.

Food Warmer Has Work Table Design

The new Thermotainer Electric Food

Warmer now offers the convenience of work table top design. The unit is constructed of stainless steel with a new aluminized steel interior shell for greater reflectivity. All compartments in

are available in capacities from five to one thousand gallons, including vertical cylindrical and box-type tanks. **Barnstead Still & Sterilizer Co., Lanesville Terrace, Boston 31, Mass.**

For more details circle 218 on mailing card.



the Type AA series can be removed for access to heating elements. **Franklin Products, 400 W. Madison St., Chicago 6.**

For more details circle 218 on mailing card.

Water Sterility Maintained With Ultra-Violet Light

A built-in ultra-violet light assures continuous sterilization of contents in the new Barnstead distilled water storage tank. Mounted above the surface of the water, the light is set at a special frequency for the purpose. The new tanks

Mobile Bookcase Has Four Shelves

The new Fleetwood 1007 Mobile Bookcase offers 16 total feet of angle book shelving which allows every book and magazine title to be readily visible and quickly identified. Storage space is accomplished by the arrangement of four four-foot shelves with the top shelf displaying books, magazines and large



periodicals. The unit is easily rolled from place to place on ball bearing swivel casters. **Fleetwood Furniture Co., Grand Haven, Mich.**

For more details circle 220 on mailing card.

(Continued on page 206)

Have you seen America's Outstanding Space-Saving Filing System?



**"The System that Makes
Shelf Filing Practical!"**

**The Only
Filing System**

- With and without easily operated Drop Doors!
- Units from 7 to 10 openings

SEND COUPON TODAY FOR FULL DETAILS OF THE VISI-SHELF FILING SYSTEM

VISI-SHELF FILE INC.

225 Broadway

New York 7, N. Y.



Typical
Visi-Shelf Hospital Installation

Visi-Shelf File, Inc.
225 Broadway
New York 7, N.Y.

Please send free catalog describing the new Visi-Shelf Filing System for Medical Records and X-Ray Negatives.

Name _____
Address _____
City _____ Zone _____ State _____

34

WHAT'S NEW

**Prevent cross
infection—use
disposable lancets**

REDI-LANCE®
 assures you adequate blood
for testing, and a controlled-
depth puncture that heals
quickly

REDI-LANCE®
 • steam sterilized
 • finger-grip shaping—will not
 slip
 • design of point limits
 penetration

REDI-LANCE®
 ...the ECONOMICAL disposable
 lancet for a perfect puncture
 is available from your dealer.
 STOCK UP NOW!

Clay-Adams NEW YORK 10

Verity Syringe Line Includes 44 Sizes

The Verity Syringes make up a new line resulting from two years of design and development. It is composed of the 44 sizes most in demand in the nine most frequently used types of syringe. All syringes are of high resistance crystal-clear glass with graduations fused into the glass itself. They comply with Federal Specifications GG-S-991a and Amendment 2, according to the manufacturer, and can withstand repeated sterilization without devitrification or discoloration. **Mercer Glass Works Inc.**, 725 Broadway, New York 3.

For more details circle #221 on mailing card.

Pharmaceuticals

Matromycin Intravenous

Matromycin is a new wide spectrum antibiotic elaborated by a strain of *Streptomyces antibioticus*. A white crystalline compound, its salts are freely soluble in water and stable in secretions of the gastrointestinal tract. It is principally active against gram-positive bacteria but is also active against some gram-negative bacteria. Matromycin is described as a well tolerated, rapidly absorbed antibiotic effective against a wide variety of pathogens. It is supplied in vials containing 500 mg. of antibiotic activity. **Pfizer Laboratories**, 630 Flushing Ave., Brooklyn 6, N.Y.

For more details circle #224 on mailing card.

Darvon

Darvon is a new synthetic non-narcotic analgesic which does not require opium as a raw material. It has a chemical structure different from other analgesics and is useful in the control of pain caused by any condition for which specific therapy is not immediately available. Darvon is orally effective, can be used in combination, is compatible with other drugs and low in toxicity. Darvon is well tolerated, thus may be administered in large doses. It is supplied in 32 and 65 mg. Pulvules in bottles of 100. **Eli Lilly & Co.**, Indianapolis 6, Ind.

For more details circle #225 on mailing card.

Darbid Tablets

Darbid Tablets incorporate a unique anticholinergic compound with inherent long-lasting effect. One dose every twelve hours is designed to protect the patient with ulcer or genito-urinary disorders from both hypersecretion and hypermotility all day and through the night. It is supplied in 5 mg. tablets in bottles of 50. **Smith, Kline & French Laboratories**, Philadelphia 1, Pa.

For more details circle #226 on mailing card.

Literature and Services

• **A General Utility Handbook** giving detailed information on MicroRold 430 stainless steel sheet and strip is now available from Washington Steel Corp., Washington, Pa. The 28-page illustrated booklet describes physical properties and analysis, corrosion resistance, surface characteristics, fabrication, application, maintenance and availability of MicroRold 430.

For more details circle #227 on mailing card.

• Over 1250 illustrations of specialties and sundries for hospitals and laboratories are presented in the new **Catalog Nine** now available from Graham-Field Surgical Co., Inc., 32-56 62nd St., Woodside 77, N.Y. The comprehensive 144-page reference book includes new items as well as those listed in earlier catalogs.

For more details circle #228 on mailing card.

• Institutions plagued with frequent window breakage will be interested in a new booklet, **PL-51, "Plexiglas Replacement Glazing,"** available from Rohm & Haas Co., Plastics Dept., Washington Square, Philadelphia 5, Pa. Information on sheet sizes and thicknesses to be used is included and the advantages and properties of Plexiglas related to glazing are discussed.

For more details circle #229 on mailing card.

(Continued on page 207)



time feature and the PS-1 Scintillation Detector mounted on a mobile cart CA-5. The low-cost system also includes LC-3 Lead Storage Container, PH-1 Phantom Neck and S-1 Spacer. The system permits thyroid diagnosis, localization of metastatic masses, localization of brain tumors, protein bound iodine determinations and blood volume studies. **Nucleonic Corporation of America**, 196 Degraw St., Brooklyn 31, N.Y.

For more details circle #222 on mailing card.

Private Switchboard Is Fully Equipped

The Telecom Model 4A27 Dial Telephone Switchboard is a new automatic private switchboard designed for use in institutions requiring 20 to 46 private telephones. The switchboard comes fully equipped and requires only the addition of telephones to be placed in operation. The system is manufactured under rigid quality controls for long life with minimum maintenance. It is a compact unit designed for easy floor mounting which plugs into any electric outlet. Special features available with the switchboard include central dictating service, paging system, speaker phone, code call and other advantages. **Telecom, Inc.**, 1019 Admiral Blvd., Kansas City 6, Mo.

For more details circle #223 on mailing card.

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WHAT'S NEW

• **Information on Sanitation and Maintenance Products** is offered in a new 44-page catalog published by Huntington Laboratories, Huntington, Ind. Descriptive information is given on all products in the line and tells what the product is made of, how it works, where it may be most efficiently and economically used and helpful hints contributed by experienced maintenance men. A sound maintenance program is discussed and products listed include floor maintenance, soaps, germicides, insecticides, cleaning compounds, soap dispensing equipment, floor machines and Huntington specialties.

For more details circle 230 on mailing card.

• The facts about fluorescent lamp ballasts are included in a new folder, "Is the UL Label on a Ballast Really Enough for You?" The folder outlines the difference between UL listing on a ballast and the CBM emblem and is available from Certified Ballast Mfrs., 2116 Keith Bldg., Cleveland 15, Ohio.

For more details circle 231 on mailing card.

• "Inspection, Maintenance and Protection of Standpipe and Inside Hose Systems" is the subject of a new Safety Code issued by the Fire Equipment Manufacturers' Association, Inc., One Gateway Center, Pittsburgh 22, Pa. The new Safety Code reviews the various services performed by a standpipe and inside hose system and gives specific guidance for periodic inspection of all components in the system, with instructions for maintenance.

For more details circle 232 on mailing card.

• **B. F. Goodrich Rubber and Koroseal Prescription Accessories** are described and illustrated in black and white and color in a new catalog recently received. The 44-page catalog covers 175 products and is fully indexed. Copies are available from the Sundries Division, B. F. Goodrich Industrial Products Co., Akron, Ohio.

For more details circle 233 on mailing card.

• A new comprehensive catalog on the **Erie City "FT" fire tube packaged steam generator** is available from Erie City Iron Works, Erie, Pa. Catalog 56A gives full details on the unit which combines oil, gas or combination burner with all safety controls.

For more details circle 234 on mailing card.

• "Youngs Illustrated Price List No. 57" describing utility carts, hand trucks and canvas bags is now available from The Paul O. Young Co., Line Lexington, Pa. The six-page guide lists more than 100 items, some of which include collector carts, custodial trucks, piano carriers, book trucks and various dolly trucks.

For more details circle 235 on mailing card.

• An electronic relay designed especially for safe operation of laboratory water baths is described in a revised data sheet available from Arthur S. LaPine & Co., 6001 S. Knox Ave., Chicago 29. Components necessary for constructing water baths are listed in the new sheet.

For more details circle 236 on mailing card.

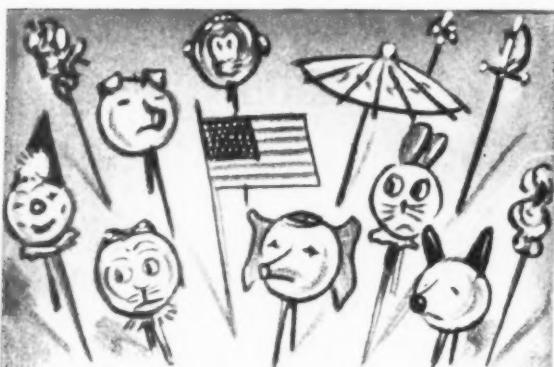
• A new bulletin describing the Multi-Clean method for maintaining asphalt tile floors is available from Multi-Clean Products, Inc., St. Paul 16, Minn. Form 1401 gives detailed instructions for initial treatment, daily maintenance and the restoration of all types of asphalt tile floors.

For more details circle 237 on mailing card.

Suppliers' News

Eastern Products Corporation is the new name of the corporation formerly known as the **Eastern Venetian Blind Co.**, 1601 Wicomico Ave., Baltimore 30, Md. The change was necessitated because of the variety of lines related to venetian blinds now manufactured by the company.

United Manufacturers, 50 Windsor Place, Nutley, N.J., is the name given to a new organization of food service equipment manufacturers. The group includes **Universal Dishwashing Machinery Co.**, Nutley 10, N.J., manufacturer of dishwashing equipment; **Triumph Mfg. Co.**, Cincinnati, Ohio, manufacturer of wheeled steam tables, potato peelers, refrigerators with removable shelves and wheeled food mixers; **Sanitary Scale Co.**, Belvidere, Ill., manufacturer of food slicers and scales, and **M.J.M.**, Culver City, Calif., manufacturers of mobile peeling and other kitchen equipment. These manufacturers have joined forces to provide better equipment and better service to users of food service machinery.



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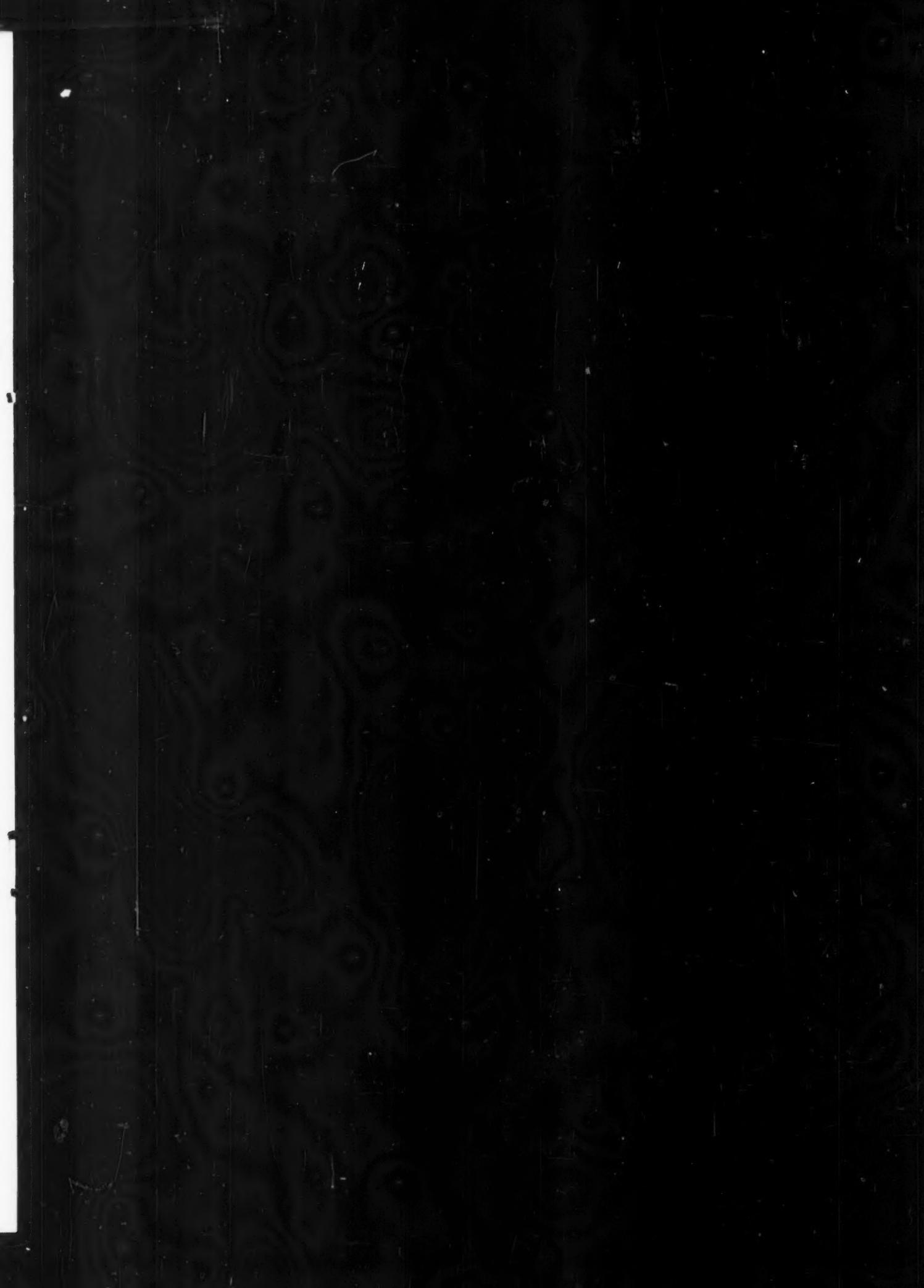
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December, 1957 (a)

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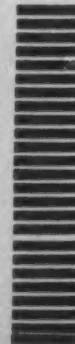
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